

TRUST ACCOUNT (inc. SMSF) application form

Please only use this form when you wish to open a BOQ Trading Account:

- as a Trust Account (including a SMSF)
- where the trustees are individual(s) or a company
- as Trustee(s) for a minor

Trust account:

In order to process your trust application we will need:

- your completed application form
- identification for each account holder and each beneficial owner (as specified over the page)
- a certified copy of the full trust deed (Not applicable for Minor Accounts)
- your completed guarantee agreement
- your completed trust declaration form

SMSF account:

In order to process your SMSF application we will need:

- your completed application form
- identification for each account holder and each beneficial owner (as specified over the page)
- a certified copy of the full trust deed (Where the SMSF is ATO regulated only a copy of the trust deed is required)
- your completed guarantee agreement

IMPORTANT

If a Company is acting as Trustee, Section A and Section B must be completed with the personal information of the Directors of the Company. If there are multiple Directors, a minimum of two Directors must provide their personal information and identification, and complete Section L. The details of any additional Directors must be provided in Section D. All details must be as per ASIC records.

If an Individual is acting as Trustee, all Trustees must provide their personal information in Section A and Section B and complete Section L. If there are more than two Trustees, please provide personal information on a separate sheet.

Thank you for choosing BOQ Trading.

If you require assistance when completing this form, please contact our Client Services team on 1800 748 977.

Please mail your completed account form to the address below.

BOQ Staff Only

Please provide your GROW User ID: _____

Electronic verification check

We are required to verify your identity. We may be able to verify your identity by conducting an electronic verification check. If you do not wish us to conduct an electronic verification check, please refer to the non-electronic verification requirements below.

Providing your driver's licence number will help us to conduct your electronic verification check. We will not use your driver's licence number for any other purpose than to conduct your electronic verification check.

Non-electronic verification check

If we notify you that your electronic verification check was unsuccessful, or you do not wish us to conduct an electronic verification check, you'll need to provide us with certified copies of **original identification verifying your full name, your current residential address and your date of birth**. In either case, all the documents you'll need to provide are listed below.

Your application must be accompanied by a certified (true) copy of **EITHER** one document from Section A, **OR** one document from Section B and one from Section C, **for each applicant**.

The original certified copy of your ID must be returned by post. The signature of the certifier must be the original signature. We cannot accept faxes or scanned copies.

Section A (PROVIDE ONE OF THE FOLLOWING)

- driver's licence (front and back) – **MUST** be current
- Australian passport – current or expired within the past **TWO** years
- overseas passport – **MUST** be current and show the signature page

Example: Driver's Licence (front and back)



OR

Section B (PROVIDE ONE OF THE FOLLOWING)

- current Medicare card
- birth certificate or birth extract issued by a State or Territory
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink (front and back)

and

Section C (PROVIDE ONE OF THE FOLLOWING)

A recent utility bill, financial statement or council rate notice – issued within the last three months – showing your name and residential address. This can include one of the following:

- a financial statement (savings, credit, mortgage) issued by an Approved Deposit-taking Institution (ADI) in Australia.

Please note that an electronic statement issued by any institution (including ADIs) may be accepted at CMC Markets' discretion

- gas, electricity, water, home phone, internet (dial-up, broadband), mobile phone bill, Foxtel bill
- a council rates notice
- a notice or assessment issued by the RTA or a government body
- a lease agreement, contract for sale of a property or rental bond lodgement document
- home and/or contents insurance policy statement

Example: Australian Passport and Water Bill



Certifying your documents

In order for your certification to be accepted, it must be **signed and dated (within the last three months)** and the certifier is to state that the document is a certified copy of an original. They must provide their name, address, phone number, and in what category of certifier they fall. For copies of your documents to be considered certified, they must be signed by any one of the following:

1. a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
2. a judge of a court
3. a magistrate
4. a registrar or deputy registrar of a court
5. a Justice of the Peace
6. a police officer
7. a permanent employee of the Australian Postal Corporation with two or more years of continuous service
8. a finance company officer with two or more continuous years of service with one or more finance companies
9. a member of the Institute of Chartered Accountants Australia and New Zealand, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.



For a full list of acceptable certifiers refer to: www.comlaw.gov.au/Details/F2007L01000 (Section 1.2.1)

If you need help to meet these ID requirements, call our Broker Services Team on **1800 748 977**.

Section A – Trustee 1 / Company Director 1

Mr Mrs Miss Ms Dr Other: _____

Surname _____ Given Name(s) _____

Also known as _____

Residential Address _____
(PO Box not allowed)

Suburb/Town _____ State _____ Postcode _____

Postal Address _____

Same as above

Suburb/Town _____ State _____ Postcode _____

Contact Numbers Mobile (recommended) _____ Home _____

Work _____ Fax _____

Email _____

To comply with the ASIC Market Integrity Rules the first email address must be that of the account holder.

Existing BOQ CAN (if applicable) _____

If this account has multiple Trustees/Directors, trade confirmations will be sent to the postal address for Trustee/Director 1.

Gender Male Female

Date of Birth ____ / ____ / ____ Place of Birth _____

Driver's licence/
Passport number _____

Occupation _____

Industry _____

Are you a Political Exposed Persons* (PEP)? Yes No

* A Politically Exposed Person is an individual, or close family member or close associate of an individual, who holds a prominent public position or function in an Australian government body, a foreign government body, or an international organisation.

We require some information about your citizenship and tax residency to comply with international tax regulations.

Are you a citizen of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you a tax resident or citizen anywhere other than Australia? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If this account has a single Trustee/Director proceed to SECTION C >
If this account has multiple Trustees/Directors proceed to SECTION B >

Section B – Trustee 2 / Company Director 2

Mr Mrs Miss Ms Dr Other: _____

Surname _____ Given Name(s) _____

Also known as _____

Residential Address _____
(PO Box not allowed)

Suburb/Town _____ State _____ Postcode _____

Postal Address _____

Same as above

Suburb/Town _____ State _____ Postcode _____

Contact Numbers Mobile (recommended) _____ Home _____

Work _____ Fax _____

Email _____

To comply with the ASIC Market Integrity Rules the first email address must be that of the account holder.

Existing BOQ CAN (if applicable) _____

If this account has multiple Trustees/Directors, trade confirmations will be sent to the postal address for Trustee/Director 1.

Gender Male Female

Date of Birth ____ / ____ / ____ Place of Birth _____

Driver's licence/
Passport number _____

Occupation _____

Industry _____

Are you a Political Exposed Persons* (PEP)? Yes No

* A Politically Exposed Person is an individual, or close family member or close associate of an individual, who holds a prominent public position or function in an Australian government body, a foreign government body, or an international organisation.

We require some information about your citizenship and tax residency to comply with international tax regulations.

Are you a citizen of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you a tax resident or citizen anywhere other than Australia? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If there are more than two Individual Trustees, please provide their details on a separate sheet. All Trustees must sign in SECTION M.
Proceed to SECTION F >
If a Company is acting as Trustee, and there are more than two Directors, please provide their full names in SECTION D.
Proceed to SECTION C >

Section C – Company As Trustee

This section is applicable for Trust Accounts where a Company is acting as the Trustee, please complete all fields.
All details provided must be as per ASIC records.

Full Company Name (as registered with ASIC) _____

Type of Company Proprietary (Sections D and E are mandatory) Public (Sections D and E are not required)

Trading Name (if any) _____

Industry _____

Address of Registered Office _____

Address of Principal Place of Business _____

Postal Address (if different) _____

Your ACN is required to perform an ASIC check on the company to verify the Company Name and the Directors.

ACN - -

Is the Company entity a tax resident of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Number: _____

Is the Company entity a resident for tax purposes of any country other than Australia? Yes No

If you answered 'Yes', please specify below:

Country of tax residency	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Please select your FATCA Entity Classification (please select one answer):

U.S. Foreign Financial Institution (F.F.I.) Non-Financial Foreign Entity (N.F.F.E.)

For the purposes of FATCA Companies are categorised in to three groups:

- U.S. – a company incorporated in the United States of America
- F.F.I. – Foreign Financial Institution, generally a company that either holds assets on behalf of others or is engaged in the primary business of investing.
- N.F.F.E. – Non-Financial Foreign Entity, not a U.S. or F.F.I. N.F.F.E. is further sub-categorised in to either Active or Passive. Active is defined as at least 50% of its gross income is derived from its primary line of business.

For more information please go to the following url: <http://www.cmcmarkets.com.au/legal/fatca>

If you selected "N.F.F.E." above, please state if the entity is 'Active' or 'Passive': Active Passive

If you selected "F.F.I." above, please provide your GIIN number* _____

* Global Intermediary Identification Number (GIIN) is assigned to an entity (usually FFI) which has registered for FATCA.

Proceed to SECTION D >

Section D – Director Details (Proprietary companies only)

If the Company has more than two Directors, please provide the details of each additional Director:

(If there are more than 4 Directors, please provide details on a separate sheet.)

Full Name _____ Also known as _____

Residential Address _____
(PO Box not allowed)

Full Name _____ Also known as _____

Residential Address _____
(PO Box not allowed)

Full Name _____ Also known as _____

Residential Address _____
(PO Box not allowed)

Full Name _____ Also known as _____

Residential Address _____
(PO Box not allowed)

Proceed to SECTION E >

Section E – Details of Ultimate Beneficial Owners of the Company as Trustee

Please provide the details of each ultimate beneficial owner or controller as described below:

- Any individual who own 25 per cent or more in the Company (Beneficial Owner)
- Where Beneficial Owners cannot be identified, any individual who has voting rights of 25 per cent or more for the Company (Controller)
- Where Controllers cannot be identified, any individual who makes key strategic or financial decisions for the Company, eg. CEO or Managing Director

Trustee 1/Director 1 is an Ultimate Beneficial Owner/Controller of the Company, details as per Section A

Trustee 2/Director 2 is an Ultimate Beneficial Owner/Controller of the Company, details as per Section B

Please complete the following for additional Ultimate Beneficial Owners of the Company:

Ultimate Beneficial Owner of the Company 1

Mr Mrs Miss Ms Dr Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: Male Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

Are you a citizen of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you a tax resident or citizen anywhere other than Australia? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION E continued overleaf >

Ultimate Beneficial Owner of the Company 2

Mr Mrs Miss Ms Dr Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: Male Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

Are you a citizen of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you a tax resident or citizen anywhere other than Australia? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Ultimate Beneficial Owner of the Company 3

Mr Mrs Miss Ms Dr Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: Male Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

Are you a citizen of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you a tax resident or citizen anywhere other than Australia? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION E continued overleaf >

Ultimate Beneficial Owner of the Company 4

Mr Mrs Miss Ms Dr Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: Male Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

Are you a citizen of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you a tax resident or citizen anywhere other than Australia? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Proceed to SECTION F >

Section F – Trust Details

(Not applicable for Minor Accounts.)

Full Name of Trust _____

Are you a Charity? Yes No

Full Business name (if any) of the Trustee in respect of the Trust _____

Country where the Trust was established _____

Type of Trust (e.g. Self-Managed Super Fund) _____

Trust ABN (if applicable) _____

Full Name of Settlor (where initial contribution is more than \$10,000 and not deceased) _____

Is the Trust entity a tax resident of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Number: _____

Is the Trust entity a tax resident anywhere other than Australia? Yes No

If you answered 'Yes', please specify below:

Country of tax residency	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Please select your FATCA Entity Classification (please select one answer):

U.S. Foreign Financial Institution (F.F.I.) Non-Financial Foreign Entity (N.F.F.E.)

For the purposes of FATCA Companies are categorised in to three groups:

- U.S. – a company incorporated in the United States of America
- F.F.I. – Foreign Financial Institution, generally a company that either holds assets on behalf of others or is engaged in the primary business of investing.
- N.F.F.E. – Non-Financial Foreign Entity, not a U.S. or F.F.I. N.F.F.E. is further sub-categorised in to either Active or Passive. Active is defined as at least 50% of its gross income is derived from its primary line of business.

For more information please go to the following url: <http://www.cmcmarkets.com.au/legal/fatca>

If you selected "N.F.F.E." above, please state if the entity is 'Active' or 'Passive': Active Passive

If you selected "F.F.I." above, please provide your GIIN number* _____

* Global Intermediary Identification Number (GIIN) is assigned to an entity (usually FFI) which has registered for FATCA.

Proceed to SECTION G >

Section G – Details of Beneficiaries

Please provide the details each beneficiary, or where there is a class of beneficiary, the name of the class.
This section is not applicable to SMSFs.

Full Name/Name of Class	_____
Residential Address <small>(PO Box not allowed)</small>	_____
Full Name	_____
Residential Address <small>(PO Box not allowed)</small>	_____
Full Name	_____
Residential Address <small>(PO Box not allowed)</small>	_____
Full Name	_____
Residential Address <small>(PO Box not allowed)</small>	_____

Proceed to SECTION H >

Section H – Beneficiary Information (for Minor Accounts only)

Surname	_____	Given Name(s)	_____
Residential address <small>(PO Box not allowed)</small>	_____		
	Suburb/Town	State	Postcode
Date of Birth	____/____/____	Place of Birth	_____

Tax File Number -- OR Exemption Code _____

The collection of your Tax File Number is authorised by Australian privacy and taxation laws. Declining to provide your tax file number is not an offence however any applicable taxation will be charged at the highest rate.

We require some information about the minor's citizenship and tax residency to comply with international tax regulations

Are you a citizen of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you a tax resident or citizen anywhere other than Australia? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Proceed to SECTION I >

Section I – Details of Ultimate Beneficial Owner or Controller of the Trust

Please provide the details of each ultimate beneficial owner or controller as described below:

- For a discretionary trust – the Appointor of the Trust (may be referred to as the Custodian or the Principal).
- For a Self Managed Super Fund or a fixed trust – any individuals entitled to 25 per cent or more of the Trust assets or, where there are no such individuals, the Appointor of the Trust.

Trustee 1/Director 1 is a Beneficial Owner, details as per Section A

Trustee 2/Director 2 is a Beneficial Owner, details as per Section B

Please complete the following for additional Ultimate Beneficial Owners or Controllers of the Trust:

Ultimate Beneficial Owner or Controller of the Trust 1

Appointor Other (please specify) _____

Mr Mrs Miss Ms Dr Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: Male Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

Are you a citizen of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you a tax resident or citizen anywhere other than Australia? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION J continued overleaf >

Ultimate Beneficial Owner or Controller of the Trust 2

Appointor Other (please specify) _____

Mr Mrs Miss Ms Dr Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: Male Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

Are you a citizen of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you a tax resident or citizen anywhere other than Australia? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Ultimate Beneficial Owner or Controller of the Trust 3

Appointor Other (please specify) _____

Mr Mrs Miss Ms Dr Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: Male Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

Are you a citizen of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you a tax resident or citizen anywhere other than Australia? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION J continued overleaf >

Section K – Account Features

Online Trading

The BOQ Trading website offers many useful tools and features for today's investor. Our website is simple to use, and can assist investors in managing their portfolio efficiently. Our website provides live prices for equities, fixed interest and derivative products and also comprehensive research on the top 300 companies.

You have the ability to place your orders online without having to speak to a Dealer. Our website utilises 'Straight Through Processing'. This means that your order is sent directly to the market. Even if you choose to trade online, you still retain the ability to trade over the phone with our experienced dealing team.

If you want to trade online, you will be required to be CHESS sponsored with CMC Markets Stockbroking and to either open a Bank of Queensland Money Market Deposit Account (MMDA) or settle via a Direct Debit Facility. You have to receive your confirmation notes by email. There is no charge for these services.

Best of all, access to the website is free for all our clients.

This trading account can be linked to your existing login code. This will enable you to keep a record of the trades and holdings which occur on your account.

If you have an existing login code to our website, please supply it here. If you do not have a login code, but wish to receive one, please complete the details below.

Each account holder must have their own login code to the website.

Trustee 1 / Director 1

Existing login code (if applicable): _____

I do not have a login code, but wish to receive one.

Trustee 2 / Director 2

Existing login code (if applicable): _____

I do not have a login code, but wish to receive one.

By supplying your login code, or requesting a login code above, you agree that you have received, read and agreed to the BOQ Trading Terms and Conditions, Part B Online Trading.

CHESS Sponsorship (required for online trading)

CHESS Sponsorship is a free service provided by the ASX to electronically register share holdings.

An explanation of the effect of CHESS Sponsorship is available on our website boq.com.au

I/We wish to appoint CMC Markets Stockbroking as my/our CHESS Sponsor and agree to be bound by the CHESS Sponsorship Agreement contained in Part G of the BOQ Trading Terms and Conditions.

I/We have CHESS sponsored Holdings with another broker, and would like to transfer them to this account with CMC Markets Stockbroking. I/We wish to appoint CMC Markets Stockbroking as my CHESS Sponsor and agree to be bound by the CHESS Sponsorship Agreement contained in Part G of the BOQ Trading Terms and Conditions.

**Please attach a completed 'Transfer CHESS Holdings' form with this application.

Electronic Confirmations (required for online trading)

By providing BOQ Trading with an email address you authorise BOQ Trading to send you a confirmation of your trades electronically. If you authorise BOQ Trading to send your confirmations via email, you will not be charged the postage and handling fee and you will not receive a paper copy. **As per ASIC Market Integrity Rules at least one of the emails provided below MUST belong to the applicant(s).**

Trustee 1 / Director 1 Email Address: _____

Trustee 2 / Director 2 Email Address: _____

Proceed to SECTION L >

Section L – Settlement Method

There are two settlement options available when trading with BOQ Trading, these settlement options impact upon the amount of brokerage you are charged and securities you can trade. (Brokerage rates can be found at boqtrading.com.au)

1. Money Market Deposit Account (preferred)
2. BOQ Trading Direct Debit Facility

NB Both settlement methods cannot be used in conjunction with each other; only one settlement method may be selected.

OPTION 1 - Money Market Deposit Account (MMDA) (preferred)

To take advantage of the BOQ Trading discounted online rates, a MMDA is required for the settlement of your share transactions. This facility is provided by Bank of Queensland and managed by DDH Graham Limited. There are no account-keeping fees or government charges on standard transactions.

A copy of the Terms and Conditions of the MMDA can be accessed through our website boqtrading.com.au, or contact us and we will send you one.

NB This section is mandatory for all MMDA applicants.

I/We have read and understood the MMDA Product Information Booklet (available to download boqtrading.com.au)

I/We wish to open an MMDA. By choosing this option, I/We declare:

1. I/We authorise CMC Markets Stockbroking Limited to open an MMDA with Bank of Queensland in my/our name.
2. I/We appoint CMC Markets Stockbroking Limited and any representatives authorised by CMC Markets Stockbroking Limited (such representatives to be notified to Bank of Queensland by CMC Markets Stockbroking Limited from time to time) to be severally appointed as signatory/ies to my/our MMDA, so that those person/s are authorised to:
 - (a) undertake any transactions on that account, including without limitation, withdrawals, transfers, pledging funds and placing a hold on some or all funds in the account,
 - (b) obtain any information in relation to the account, including without limitation, account balances and transaction history.
3. If I/We wish to revoke this appointment and authorisation, I/we will directly contact DDH Graham Limited.
4. I/we release the Bank and DDH from, and indemnify the Bank and DDH against, all losses and liabilities arising from any payment that the Bank or DDH make or action the Bank or DDH take in accordance with this authority.
5. I/We agree to pay CMC Markets a monthly fee ("Adviser Fee") of 0.25% pa for services provided by CMC Markets to me/us in respect of the Money Market Deposit Accounts. I/We further authorise CMC Markets to request DDH Graham to deduct the Adviser Fee by way of a reduced rate of interest to my/our account.

If you are CHESS sponsored, you can elect to have your dividends from your holdings paid directly into this MMDA.

I/We would like my dividends paid into this MMDA.

Please ensure you have provided each account holder's TFN details in Sections A & B. If you do not supply your TFNs, any applicable taxation will be charged at the highest rate.

MMDA Applicants proceed to SECTION M >
Non-MMDA Applicants proceed overleaf >

Account Information (only applicable if a MMDA is required)

Statements & Communications

Please specify the frequency for your Account statement (if no selection is made, statements will be issued quarterly):

Quarterly Semi-annually Please tick this box if you would prefer correspondence via Online Services

Interest instructions

Reinvest Credited to bank account shown below

Source of Funds

Superannuation Savings Salary Other (please specify) _____

Pre-Nominated Account

If you wish to have interest of withdrawals credited to your bank, building society or credit union account, please provide the following information:

Bank, building society or credit union name: _____

Bank State Branch (BSB) Number - Account Number

Account Name _____

Additional Nominated Account

Bank, building society or credit union name: _____

Bank State Branch (BSB) Number - Account Number

Account Name _____

Cheque and deposit book

I would like a deposit book for my BOQ Money Market at Call Deposit Account

I would like a cheque book for my BOQ Money Market at Call Deposit Account: 25 cheques 50 cheques 200 cheques

Online services

Enquiry Access Only

Enquiry Access and withdrawals to pre-nominated and additional nominated accounts

Please tick the box if you wish to add this account to an existing Online Services login, and provide the current login details

Please tick this box if you have registered for online Services and do not wish to receive a hard copy of your statement.

Account Signing Instructions*

Any one to sign All to sign Other (please specify) _____

* If you do not tick a box we will assume that either party is to sign. If you tick the box 'all signatories to sign' and you have also elected for instructions regarding withdrawals to be given by telephone, it will be deemed that any party can instruct via telephone, but that written instructions will need to be provided by all parties.

MMDA Applicants proceed to Section M >
Non-MMDA Applicants proceed overleaf >

OPTION 2 - BOQ Trading Direct Debit Facility

We offer a Direct Debit Facility for the settlement of your share transactions on approved shares as listed on the trading platform. Your Buy trades on this account will be limited to these approved shares, and the value of unsettled ASX transactions at any time will not exceed the value contained within Part H of the BOQ Trading Terms and Conditions.

NB THIS SECTION IS MANDATORY FOR ALL BOQ TRADING DIRECT DEBIT FACILITY APPLICANTS.

I would like to settle using the BOQ Trading Direct Debit Facility. By choosing this option, I/We declare:

1. I/We have read and agree to the Direct Debit Service Agreement contained in Part H of the BOQ Trading Terms and Conditions.
2. I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Direct Debit Service Agreement.
3. I/We confirm account details are correct and that this request is signed by required number of authorised signatories.

The schedule

Details of account to be debited.

NB This section is mandatory for all BOQ Trading Direct Debit Facility applicants.

Account Name: _____

Bank & Branch Name: _____

Bank State Branch (BSB) Number

Account Number

If you are CHESS sponsored, you can elect to have your dividends from your holdings paid directly into this account.

I/We would like my dividends paid into this account.

Proceed to SECTION M >

Section M – BOQ Trading Client Agreement & Declaration

By signing this Application Form I/we:

- declare that the information provided in this document is true and correct and understand it is an offence under the **Anti-Money Laundering and Counter Terrorism Financing Act 2006** to make a false or misleading statement;
- declare that I/we are authorised to sign this document on behalf of the account holder;
- agree that DDH Graham Limited may accept instructions from any relevant authorised officer of BOQ Trading noted with Bank of Queensland Limited from time to time;
- authorise DDH Graham Limited, in its capacity as agent of Bank of Queensland Limited, to perform these functions, powers and actions set out in those terms and conditions to be performed by DDH Graham Limited in that capacity;
- agree and consent to CMC Markets Stockbroking Limited, DDH Graham Limited or Bank of Queensland Limited recording my/our telephone calls, and collecting, using and disclosing my/our personal information in accordance with the CMC Markets Stockbroking Limited, DDH Graham Limited and Bank of Queensland Limited Privacy Policies and any terms and conditions;
- agree to be bound by Part A and any other relevant Parts of the BOQ Trading Terms and Conditions;

I/We acknowledge that I/we have received and agree to be bound by the CMC Markets Stockbroking Financial Services Guide, Bank of Queensland Financial Services Guide, Money Market Deposit Account Schedule of Fees and Charges and the Terms and Conditions of the MMDA. (Please tick)

Trustee 1 / Director 1

Do not send me product/marketing material or special offers from Bank of Queensland

Signature: _____

Date: _____ / _____ /20_____

Name: _____

Trustee 2 / Director 2

Do not send me product/marketing material or special offers from Bank of Queensland

Signature: _____

Date: _____ / _____ /20_____

Name: _____

Proceed to SECTION N >

Section N - Guarantee Agreement (not applicable for SMSFs)

The undersigned (each, a **Guarantor**) wish to establish a Guarantee Agreement in respect of the account noted below (**Account**) held in the name of the client noted below (Client) with CMC Markets Stockbroking Limited (ABN 69 081 002 851, AFSL No. 246381) (**CMC Markets**).

The undersigned hereby guarantees all amounts due and payable to CMC Markets in respect of the Account, any other accounts with CMC Markets operated and/or held by the Client, or any other amounts owed by the Client to CMC Markets. In the event of a Client not paying any moneys outstanding at the time and in the manner imposed by any agreement between the Client and CMC Markets, the Guarantor agrees to be liable and pay the moneys due and payable to CMC Markets immediately and on demand. A demand may be made irrespective of whether a demand has been made on the Client, and may be made at any time.

As a separate and independent obligation, the Guarantor indemnifies CMC Markets against all claims and proceedings and all liability, loss (including consequential losses and all legal costs and expenses on a full indemnity basis) and damage CMC Markets suffers or incurs as a direct result of the Account (provided that such indemnity does not arise as a result of the negligence, fraud or wilful misconduct on the part of CMC Markets) as a sum equal to the amount of any loss in respect of which an indemnity is given to CMC Markets on demand. The Guarantor is liable for and must pay a sum equal to the amount of any loss in respect of which an indemnity is given to CMC Markets on demand.

The Guarantor further agrees that the Guarantor must not make any claim, enforce any right or counter-claim to reduce its liability under this Guarantee Agreement against CMC Markets.

Each Guarantor represents and declares the following:

- (a) The obligations of the Guarantor under this Guarantee Agreement are principal obligations and as such are imposed upon the Guarantor as principal debtor.
- (b) CMC Markets may make a claim or demand against any Guarantor under this Guarantee Agreement without CMC Markets having first proceeded against, made any claim against, or taken steps to enforce any right, collateral security or remedy against, the Client, another Guarantor or any other person.
- (c) The Guarantor has been advised to, and has had the opportunity to, obtain independent legal advice in respect of providing the Guarantee and has either obtained such advice or has waived their right to obtain such advice.

Note: The below witness cannot be related to the Guarantor, reside at the same address, be a beneficiary or beneficial owner of the entity.

Client Account Name: _____

Account Number: _____ (if known)

Guarantor name: _____ (Full name)	Witness name: _____ Your witness must be third party (eg. Non-family member, not living at same address)
Address: _____ _____	Address: _____ _____
Signature: _____	Signature: _____
Date: _____ / _____ / 20_____	Date: _____ / _____ / 20_____

Guarantor name: _____ (Full name)	Witness name: _____ Your witness must be third party (eg. Non-family member, not living at same address)
Address: _____ _____	Address: _____ _____
Signature: _____	Signature: _____
Date: _____ / _____ / 20_____	Date: _____ / _____ / 20_____

TRUST DECLARATION form

This section is not applicable to SMSFs.

Must be completed by a third party professional who set up or administers your trust, for example your lawyer or accountant.

To: Bendigo Invest Direct ("CMC Markets")

Re: [Name of Trust] ("Trust") _____

I/we act for the Trust.

I have reviewed the trust deed for the Trust and confirm that:

1. The trustees of the Trust are:

_____	_____
_____	_____
_____	_____
_____	_____

2. The beneficiaries of the Trust are (list any named beneficiaries or classes of beneficiaries) and their percentage of entitlement to the Trust assets:

_____	_____
_____	_____
_____	_____
_____	_____

3. The Settlor of the Trust is: _____

4. The Appointor of the Trust is: _____

5. The Trust was originally settled with a sum of \$ _____

6. Pursuant to the terms of the trust deed the Trust is authorised to trade CMC Markets Stockbroking products.

Signed: _____

Name: _____

Date: _____

____ / ____ / ____

Professional designation: _____

Contact Number: _____
