



Bank of Queensland

Money Market Deposit Account

Managed by DDH Graham Limited



Adviser Fee Authority

DDH GRAHAM LIMITED
ABN 28 010 639 219 | AFSL NO. 226319

BANK OF QUEENSLAND LIMITED
ABN 32 009 656 740 | AFSL NO. 244616

1. YOUR DETAILS

Full Account Name:		Account Number: 9987 _ _ _ _ _
Postal address		
		Post code
Contact name		Fax number
		()
Work number		Mobile number
()		
Home number		Email address
()		

2. APPOINTMENT OF A COMPANY FOR FEE DEDUCTIONS

I/We authorise (name of company/firm):

Company / Stockbroker/Dealer Name

Broker Code (if known)

3. TERMS AND CONDITIONS AND SIGNATURE OF ACCOUNT HOLDER/S

By signing this form, I/we acknowledge that we have read and understood the terms and conditions of the Money Market Deposit Accounts Product Disclosure Statement and confirm that I/we and each of the Authorised Signatory(s) agree to be bound by those terms and conditions, in particular:

- a. You agree that we may accept instructions from any relevant authorised officer of the financial adviser or stockbroker noted with the Bank of Queensland Limited from time to time;
- b. The elected company/firm will also automatically be able to enquire on your account also;
- c. Withdrawals may be made for any amount and may be made at varying intervals of time;
- d. You:
 - a. Indemnify us against all loss, liabilities and costs incurred directly or indirectly as a result of the appointment of this third part authority;
 - b. Indemnify us against all loss, liabilities and costs incurred directly or indirectly in connection with any action by a third party under their appointment or any payment made from your account on their instruction; and
 - c. Release us from claims and liabilities in connection with any act or omission relating to the appointment of a third party on your account.
- e. This authority will remain until to cancel it by telling us in writing;
- f. In the event of death of an account holder, this authority will automatically cease

Signature

Name

Individual
 Director
 Sole Director
 Other (Please Specify)

Signature

Name

Individual
 Director
 Sole Director
 Other (Please Specify)

Office use only	Sig Ver	Input by	Date Input / /	Checked By
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