



Bank of Queensland

Money Market Deposit Account

Managed by DDH Graham Limited



Appointing / Changing a Financial Adviser

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

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

ADVISER USE ONLY

Company name

Adviser name/code

Adviser commission %

Adviser's stamp

Declaration

I declare that I have obtained the identification records of the below Applicant(s) and carried out the appropriate verification procedures in accordance with the IFSA/FPA Industry Guidance Note and am reasonably satisfied as to the identity of the Applicant. Copies of the identification records are held in the files of the applicant maintained by myself.

Date verified Adviser signature

In the absence of a Broker Agreement with DDH Graham Limited, you must attach to this form certified copies of all source documents from which the applicant's identity has been verified, together with the relevant IFSA/FPA documentation.

1. YOUR DETAILS

Full Account Name: Account Number: 9987 _ _ _ _ _

Postal address

Post code

| | |
|-----------------------------------|------------------------------------|
| Contact Name <input type="text"/> | Email Address <input type="text"/> |
| Fax number <input type="text"/> | Mobile number <input type="text"/> |
| Work number <input type="text"/> | Home Number <input type="text"/> |

2. YOUR FINANCIAL ADVISER'S DETAILS

Financial Adviser Name: Company Name:

Company Address

Post code

| | |
|-----------------------------------|------------------------------------|
| Contact Name <input type="text"/> | Email Address <input type="text"/> |
| Fax number <input type="text"/> | Mobile number <input type="text"/> |
| Work number <input type="text"/> | |

3. APPOINTING YOUR FINANCIAL ADVISER AS AN AUTHORISED SIGNATORY

Complete this section only if you wish to provide authorisation for your Financial Adviser to operate your Account.

If you do not wish your Financial Adviser to operate your Account, go to Section 4.

| | |
|----------------------|----------------------|
| Signature | |
| <input type="text"/> | |
| Name | Relationship |
| <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| Signature | |
| <input type="text"/> | |
| Name | Relationship |
| <input type="text"/> | <input type="text"/> |

| |
|------------------|
| Name of Company: |
|------------------|

Where you appoint your financial adviser or stockbroker as your Authorised Signatory and that financial adviser or stockbroker is a company or firm, 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.

By signing this form in the spaces provided above, each Authorised Signatory acknowledges that they have received, read and understood the terms and conditions of the Money Market Deposit Accounts Product Disclosure Statement and confirm that they agree to be bound by those terms and conditions.

To the fullest extent permitted by law, by signing this form the Authorised Signatory agrees to indemnify and save the Bank from and against any claim, loss, demand or damage sustained or incurred by the Bank directly or indirectly consequential on the Bank or DDH Graham Limited acting on instructions given by the Authorised Signatory which are outside the authority conferred on them by the holder of the Money Market Deposit Account(s).

If you are signing this form on behalf of a company or firm you:

- represent and warrant that you are authorised to sign this form on that company or firm's behalf; and
- to the fullest extent permitted by law, by signing this form you agree on behalf of the company or firm to indemnify and save the Bank harmless from and against any claim, loss, demand or damage sustained or incurred by the Bank directly or indirectly consequential on the Bank acting on instructions given by a person authorised by that company or firm, or a person purporting to be a person authorised by that company or firm, to provide the Bank with instructions on the company or firm's behalf in relation to the Money Market Deposit Account(s) held by the holder.

4. DECLARATION 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:

- I/we confirm that each of the Authorised Signatories set out above, are authorised to act on my/our behalf in relation to my/our Money Market Deposit Account(s) and to provide Bank of Queensland and/or DDH Graham Limited with instructions in accordance with the terms and conditions of the Money Market Deposit Accounts Product Disclosure Statement;
- I/we authorise DDH Graham Limited, in its capacity as agent of the Bank of Queensland Limited, to perform those functions, powers and actions set out in those terms and conditions to be performed by DDH Graham Limited in that capacity; and
- I/we consent to DDH Graham Limited or Bank of Queensland Limited recording our telephone calls to them pursuant to those terms and conditions.

Please note this authority will automatically revoke any existing authority with another Financial Adviser or Broker

| | |
|----------------------|--|
| Signature | |
| <input type="text"/> | |
| Name | |
| <input type="text"/> | |

Individual Director Sole Director
 Other (Please Specify)

| | |
|----------------------|--|
| Signature | |
| <input type="text"/> | |
| Name | |
| <input type="text"/> | |

Individual Director Sole Director
 Other (Please Specify)

| | | | | |
|-----------------|-----------|----------|------------|---------------------|
| Office use only | Sig. Ver. | Input by | Checked by | Date entered / / |
|-----------------|-----------|----------|------------|---------------------|