

## Section F: Authority to Operate Individual / Joint Account(s)

Please complete when a person other than the Account Holder is authorised to operate the account.

- I/We wish to appoint the person detailed below as an Authorised Person.
- I/We wish to cancel the appointment of the Authorised Person listed below.
- NOTE: Withdrawal is not effective until received and processed. A withdrawal request does not have to be signed by the Authorised Person.

Account Name: \_\_\_\_\_

### Authorised Person - Personal Details

Title: \_\_\_\_\_ Full Name (given name(s) and surname): \_\_\_\_\_

Single  Married  De Facto  Divorced  Widow(er)

Date of Birth: \_\_\_\_\_

/ /

Identification Document Type: \_\_\_\_\_

Identification Document Number: \_\_\_\_\_

\*Please provide copy of identification document

Australian Resident: YES  NO

Tax File Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position / Title: \_\_\_\_\_

Employer: \_\_\_\_\_

#### Residential address:

Same as Section A: YES  NO  If NO please complete details below

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country (If not Australia): \_\_\_\_\_

#### Contact / Telephone Details:

Home: \_\_\_\_\_ Business: \_\_\_\_\_

Mobile: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

### Acknowledgment and Signature

**Authorised Person:** By signing below the Authorised Person acknowledges that they have:

- been given authority by the Account Holder(s) to operate the Account and will operate the Account in accordance with the Account Holder's investment objectives and personal circumstances; and
- read and understood the Financial Services Guide and the Trading Terms and, if relevant, Sponsorship Terms of the Agreement.

Signature of Authorised Person

Date

Witness (not Account Holder)

**Account Holder(s):** By signing below the Account Holder(s) acknowledge that the person nominated as an **Authorised Person** as above has authority to operate the Account on their behalf and has been and will continue to be provided access by the Account Holder(s) to information relating to the Account's investment objectives and personal circumstances to enable the Authorised Person to assess the appropriateness of any advice if Personal Advice is provided. Such authority remains valid until withdrawn in writing and signed.

Signature of Account Holder

Signature of Account Holder

Signature of Account Holder

Name (Please print)

Name (Please print)

Name (Please print)

Date

Date

Date