



ifsinvest

Service Guide

30 October 2017

Contact us

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1300 734 496
Monday to Friday 8.30 am to 5.00 pm (AEST)

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Account opening application form

	Mandatory for all account types
<input type="checkbox"/>	Section 1: Account type
<input type="checkbox"/>	Section 2: Account name
<input type="checkbox"/>	Section 3: Signing Instructions
<input type="checkbox"/>	Section 4: Contact details for the account
<input type="checkbox"/>	Section 5: Investment Packages
<input type="checkbox"/>	Section 10: Applicant details
<input type="checkbox"/>	Section 11: Cash
<input type="checkbox"/>	Section 16 - 17: (to be completed by your Adviser)
<input type="checkbox"/>	Section 18: Declarations, acknowledgements and Limited Power of Attorney
<input type="checkbox"/>	Section 18: Execution
<input type="checkbox"/>	Original certified copies of the identification documents (see Application Booklet)

	Mandatory for SMSFs
<input type="checkbox"/>	Section 6: JustSuper SMSF solutions
<input type="checkbox"/>	Section 7: Trusts and Self Managed Super Fund (SMSFs) details (please provide full names, details and certified copies of the appropriate ID for each Trustee)
<input type="checkbox"/>	Original certified copy of front page of Trust Deed (Recital), Member Details page AND signature page

	Mandatory for Trusts
<input type="checkbox"/>	Section 7: Trusts and Self Managed Super Fund (SMSFs) details (please provide full names, details and certified copies of the appropriate ID for each trustee)
<input type="checkbox"/>	Section 8: please complete this section if the Trust has a corporate trustee.
<input type="checkbox"/>	Original certified copy of front page of Trust Deed (Recital), Member Details page AND signature page

	Mandatory for Companies
<input type="checkbox"/>	Section 8: Company details (for a proprietary company, please provide full names and details)
<input type="checkbox"/>	Original certified copies of the identification documents (see Application Booklet)

	Mandatory for Sole Traders
<input type="checkbox"/>	Section 1: Account type (tick 'Sole Trader')
<input type="checkbox"/>	Section 9: Sole Trader (please enter Business name and ABN)

Checklist

Now that you have printed your **Account opening application form**, please review it one final time. Should you need to make any corrections to the details entered, please do so in **BLACK INK**, and initial any corrections.

GENERAL

- I/We have reviewed all the information collected and ensured that it is all correct.
- I/We have initialed any corrections.

Funding your account by direct debit

- The account I/we have nominated is in the same name as the entity that is signing the application form.
- I/We have attached a copy of an account statement that is less than six months old for the account which you are debiting.
- I/We will ensure the nominated account has sufficient funds to cover the transaction.

Funding your account by cheque

- I/We have ensured the cheque is made payable to the account name as specified in Section 2: Account details.

Signatures

- All individuals have signed, each signature has been correctly witnessed and the witnesses have signed in Section 18: Execution.

IDENTIFICATION

Please ensure you attach the necessary documents to complete your application.

ID for Trusts or SMSFs

- For Individual Trustees: A certified copy of the Trust Deed, including pages which show Trust name, Trustee name(s), Director signature(s) with witness signature(s).
- For Corporate Trustees: A certified copy of the Trust Deed, including pages which show Trust name, Director name(s), Director signature(s) with witness signature(s).
- For Corporate Trustees: A current ASIC company extract

ID for a Deceased Estate

- A certified copy of the Grant of Probate or Letters of Administration.

ID for a Partnership / Unincorporated body

- A certified copy of the current extract of the partnership deed showing the names and signatures of all partners.
- A certified copy of current signed meeting minutes that show which officers can open and operate an account.

ID for a Company

- A Current ASIC company extract

MANUAL VERIFICATION FOR INVESTORS, DIRECTORS AND BENEFICIAL OWNERS

If you were unable to verify your identity online at the time of completing this form, this application must be accompanied by certified copies of **current** ID documents:

- Driver's licence only (copy must show both signature and address)

OR

If you don't have a valid driver's licence, you must provide a certified copy of a current item from list A **and** a certified copy of an item from list B.

LIST A

- Passport
- Pension card
- Proof of age card
- Birth certificate
- Citizenship certificate

+

LIST B (must show address)

- Rates notice or utilities bill - less than three months old (e.g. home telephone, water, electricity or gas)
- State/Territory or Federal Government notice of benefits payable - no more than 12 months old (e.g. Centrelink, Veterans Affairs)
- ATO tax assessment notice - no more than 12 months old

Please review and sign Section 18. Should you need to make any corrections, please initial them in BLACK INK.

1. Account details

Please nominate the type of account you wish to open:

- Individual Trust Company Company / Incorporated Body Deceased Estate
 SMSF Joint Partnership / Unincorporated Body Minor Sole Trader

2. Account name

It is important to correctly specify your account name according to the requirements of your account type. Please see account name guidelines in the Application Booklet for examples.

Account name

Account designation (if applicable)

3. Signing instructions

Unless operating instructions are specified, all signatories must sign. If you elect to have either signatory operate the account, this will bind the signatory or signatories to all future operations.

- Anyone to sign All must sign Other

4. Contact details

Main contact

Preferred method

5 Package Choices

Your client would like to invest in Managed Accounts only

Your client would like to invest in Non-custodial assets

Document substantiation service (non-SMSF) (for SMSF Trustees, see Section 6)

Your client would like optional Document substantiation service?

6. Justsuper SMSF Solutions (for SMSF Trustees only)

Would you like the End-to-End solution?

- Member interest reporting
 SMSF document substantiation service

We will contact your accountant for information concerning your SMSF, please provide details

Company	<input type="text"/>	Contact person	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Email	<input type="text"/>	Mobile Number	<input type="text"/>
		Work Number	<input type="text"/>

7. Trusts and Self-Managed Super Fund (SMSF) details

Please provide details of each trustee in the Applicant Details section. Original certified copies of the appropriate identification documents will need to be provided for each trustee. You will also need to provide an original certified copy of the Trust Deed for a trust or self managed super fund.

For trusts and SMSFs with a corporate trustee please provide a current ASIC company extract.

Name of Trust/Fund	<input type="text"/>		
Trust/Fund ABN	<input type="text"/>	Trust/Fund TFN	<input type="text"/>
TFN Exemption	<input type="text"/>		

Note: If you do not provide an ABN, a TFN or TFN Exemption, tax will be withheld at the highest marginal rate.

Is the Trust an Australian entity for tax purposes Yes No

Nature of Trust/entity's Activity	<input type="text"/>		
Country where trust established	<input type="text"/>	Registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Trust: SMSF Family Unit Charitable Discretionary Other

Trustee structure: Individual Corporate

Registered office

Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Postcode	<input type="text"/>

Principal place of business

Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Postcode	<input type="text"/>

If there are any other direct beneficiaries of the trust who are not beneficial owners, write down their names on a piece of paper and attach to this form.

If the trust deed describes the beneficiaries by reference to member of a class please write down on piece of paper, the class to which the beneficiaries belong e.g. family members, unit holders, unnamed charities and attach to this form.

Please provide the name of the appointor of the trust, if applicable

Name of trust settlor

Note: you do not need to provide the name of the trust settlor if the settlor is deceased, or has made an asset contribution of less than \$10,000 to the trust, at the time the trust was established.

8. Company details (including details of corporate trustee for trusts/SMSFs)

Please enter the company or business name exactly as it appears on the Certificate of Registration with ASIC (unless the company is an unregistered foreign company). Please ensure individual details are provided for each director and/or beneficial owner below.

Certified copies of the appropriate identification documents will also need to be provided for each company director.

Company name

Nature of business activity

Country of incorporation, formation or registration if not Australia

Company type (as registered by ASIC or foreign registration body).

Registered office

Address

Suburb State Postcode

Country

Principal place of business

Address

Suburb State Postcode

Country

Australian companies

ABN ACN

Tax File Number TFN Exemption (where applicable)

Foreign companies

ARBN (if the company is a foreign company registered with the ASIC)

Regulator (eg. APRA or ATO)

Is the company registered by the relevant foreign registration body? Yes No

Provide the name of the regulator / exchange if the company is registered in its country of formation

Identification number issued by foreign registration body

9. Sole Trader details

Trading name

ABN

TFN

TFN Exemption

Principal place of business

Address

Suburb

State

Postcode

10. Partnerships

Full Name of the Partnership

The full registered Business Name (if any) of the partnership

The full Trading Name (if any) of the partnership

The Country in which the Partnership was established

Is the partnership a member of a professional association?

Yes No

Name of Professional Association

Details of membership from the current membership directory

11. Applicant details

Please complete the details below for each investor, director, trustee, member and executor.

Important: Please enter details for the person who is the primary contact for this account as Individual 1.

INDIVIDUAL 1

Title	<input type="text"/>	First name	<input type="text"/>
Middle name	<input type="text"/>	Last name	<input type="text"/>
Role	<input type="text"/>		

Residential Address (must not be a PO Box)

Residential address

Have you lived at this address for more than three years? Yes No

Previous address

Suburb State Postcode

Country

Postal address

Suburb State Postcode

Country

Email address

Mobile Home phone

Work phone

Personal details

Gender Male Female Date of birth Country of birth

Country of citizenship

Employment status Industry

Occupation Sub occupation

Employer Mother's maiden name

Tax File Number

Are you an Australian resident for tax purposes? Yes No TFN

TFN Exemption

Beneficial Owner – Company/ Partnership

A beneficial owner is an individual who ultimately owns 25% or more of the entity or who controls (whether directly or indirectly) the entity.

Is your client a beneficial owner? Yes No Beneficial ownership %

Beneficial Owner – Trust

A beneficial owner of a trust is an individual who ultimately owns 25% or more of the entity or who controls (whether directly or indirectly)

the entity. Is your client a beneficial owner? Yes No

11. Applicant details (continued)

INDIVIDUAL 2

Title First name
Middle name Last name
Role

Residential Address (must not be a PO Box)

Residential address

Have you lived at this address for more than three years? Yes No

Previous address

Suburb State Postcode

Country

Postal address

Suburb State Postcode

Country

Email address

Mobile Home phone

Work phone

Personal details

Gender Male Female Date of birth Country of birth

Country of citizenship

Employment status Industry

Occupation Sub occupation

Employer Mother's maiden name

Tax File Number

Are you an Australian resident for tax purposes? Yes No TFN

TFN Exemption

Beneficial Owner – Company/ Partnership

A beneficial owner is an individual who ultimately owns 25% or more of the entity or who controls (whether directly or indirectly) the entity.

Is your client a beneficial owner? Yes No Beneficial ownership %

Beneficial Owner – Trust

A beneficial owner of a trust is an individual who ultimately owns 25% or more of the entity or who controls (whether directly or indirectly)

the entity. Is your client a beneficial owner? Yes No

11. Applicant details (continued)

INDIVIDUAL 3

Title	<input type="text"/>	First name	<input type="text"/>
Middle name	<input type="text"/>	Last name	<input type="text"/>
Role	<input type="text"/>		

Residential Address (must not be a PO Box)

Residential address	<input type="text"/>		
Have you lived at this address for more than three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Previous address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text"/>		
Email address	<input type="text"/>		
Mobile	<input type="text"/>	Home phone	<input type="text"/>
Work phone	<input type="text"/>		

Personal details

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth	<input type="text"/>	Country of birth	<input type="text"/>
Country of citizenship	<input type="text"/>					
Employment status	<input type="text"/>	Industry	<input type="text"/>			
Occupation	<input type="text"/>	Sub occupation	<input type="text"/>			
Employer	<input type="text"/>	Mother's maiden name	<input type="text"/>			

Tax File Number

Are you an Australian resident for tax purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TFN	<input type="text"/>
TFN Exemption	<input type="text"/>			

Beneficial Owner – Company/ Partnership

A beneficial owner is an individual who ultimately owns 25% or more of the entity or who controls (whether directly or indirectly) the entity.

Is your client a beneficial owner? Yes No Beneficial ownership %

Beneficial Owner – Trust

A beneficial owner of a trust is an individual who ultimately owns 25% or more of the entity or who controls (whether directly or indirectly) the entity. Is your client a beneficial owner? Yes No

11. Applicant details (continued)

INDIVIDUAL 4

Title First name
Middle name Last name
Role

Residential Address (must not be a PO Box)

Residential address

Have you lived at this address for more than three years? Yes No

Previous address

Suburb State Postcode

Country

Postal address

Suburb State Postcode

Country

Email address

Mobile Home phone

Work phone

Personal details

Gender Male Female Date of birth Country of birth

Country of citizenship

Employment status Industry

Occupation Sub occupation

Employer Mother's maiden name

Tax File Number

Are you an Australian resident for tax purposes? Yes No TFN

TFN Exemption

Beneficial Owner – Company/ Partnership

A beneficial owner is an individual who ultimately owns 25% or more of the entity or who controls (whether directly or indirectly) the entity.

Is your client a beneficial owner? Yes No Beneficial ownership %

Beneficial Owner – Trust

A beneficial owner of a trust is an individual who ultimately owns 25% or more of the entity or who controls (whether directly or indirectly) the entity.

Is your client a beneficial owner? Yes No

12. Cash

CASH ACCOUNT

Your Cash Account is your transaction account. You can use an existing Macquarie cash management account as long as the account is in the same name as this account.

Do you want to use an existing Macquarie cash management account?

- Yes (Please provide details below)
- No (Please separately generate a cash management account number first and then complete the fields below)

Cash Management Account details

Account name

BSB Account number

You need to ensure your Cash Account has a minimum balance of \$1,000. If required, you can fund your Cash Account using the following options:

- Cheque — (Please attach to this application form)
- Direct credit — (to the bank details above)
- Direct debit

Source of Funds

CASH HUB

Initial deposit amount \$ (minimum \$2,500)

Source of initial deposit and ongoing Direct Debit (initial and ongoing) Cheque

By providing your nominated banking details below you are authorising us to arrange for funds to be debited from my/our nominated bank account detailed in this Application Form for the purpose of investing into the Service until further notice in writing .

Account name

Bank name Bank branch

BSB Account number

Source of Funds

13. Managed Account income re-investment

As standard, all income from your Managed Account Model Portfolios (income and dividends) will be reinvested into the Managed Account Model Portfolio. If you would prefer to have it paid to an income account and swept into your Cash Hub, please indicate below.

- I wish to have income from my Managed Account paid to an income account and swept into my Cash Hub
- I wish to have income from my Managed Account paid to a nominated bank account

14. Portfolio establishment

Portfolio establishment involves creating the cost base history required to build a complete and accurate investment history and CGT position for each investment you hold. This includes original purchase dates and costs, corporate actions and income transactions.

What level of portfolio establishment is needed for this account?

- Level 1** – no portfolio establishment required
- Level 2** – full establishment required for the current financial year
- Level 3** – full establishment required for more than the current financial year and missing information needs to be investigated. A quote is required for tailored services

15. Designating currently held investments

To designate our address for your currently held direct investments, please sign the Authority to Update Current Investment Details form at the end of this application. This enables us to change the mailing address and banking details for income collection on your designated investments. Once this is done we will scan investment correspondence, record all related transactions and provide you with consolidated reporting for all your designated investments.

16. Broker account (for Directly Held ASX Listed Securities)

If you have an existing broker account that you require us to administer, please provide the account(s) details below.

Broker	<input type="text"/>		
Account name	<input type="text"/>		
Account number	<input type="text"/>		
HIN	<input type="text"/>	PID	<input type="text"/>

If you have an existing broker account, please provide details below.

Broker	<input type="text"/>		
Account name	<input type="text"/>		
Account number	<input type="text"/>		
HIN	<input type="text"/>	PID	<input type="text"/>

If you have an existing broker account, please provide details below.

Broker	<input type="text"/>		
Account name	<input type="text"/>		
Account number	<input type="text"/>		
HIN	<input type="text"/>	PID	<input type="text"/>

Your Adviser to complete

17. Adviser Services Fee (GST included)

You can charge one off fees and an ongoing service fee based on account value. The Adviser Services Fee can also be charged as part of a total client fee.

TOTAL CLIENT FEE

You can charge fees as a Total Client Fee. This fee includes the Administration Fee and the Adviser Services Fee and is calculated on the investor's total account value.

Fixed \$ fee per annum % per annum

\$ or %

ONGOING ADVISER SERVICES FEE (GST included)

The Adviser Services Fee is calculated on an investor's total account value excluding those investments listed under 'Exceptions'.

The Adviser Services Fee can be charged as a fixed dollar amount and/or a flat or tiered percentage by completing the table below. The fee is charged on a monthly basis in arrears.

Fixed \$ fee per annum		Portfolio value (tier)	% per annum
\$ <input type="text"/>	PLUS	above \$ <input type="text"/>	<input type="text"/> %
		above \$ <input type="text"/>	<input type="text"/> %
		above \$ <input type="text"/>	<input type="text"/> %
		above \$ <input type="text"/>	<input type="text"/> %
		above \$ <input type="text"/>	<input type="text"/> %
		above \$ <input type="text"/>	<input type="text"/> %

Exceptions

To exclude an investment type, please enter "EXCLUDE" in the boxes below. Leave blank if no exclusions apply. To apply a different rate to the one specified above, please indicate the rate per annum in the boxes below.

Direct property	<input type="text"/> %	Private Trust	<input type="text"/> %
Warrants	<input type="text"/> %	Cash	<input type="text"/> %
Collectibles	<input type="text"/> %	Term Deposits	<input type="text"/> %
Private Company	<input type="text"/> %		

ONE OFF/AD HOC ADVISER SERVICES FEE

One off/ad hoc fee is required. Fill in amount, if known (or provide details later with client authority) \$

18. Nominated Representative and AML investor verification identification

Where an investment is made via a financial adviser OneVue as the RE ('the RE', 'us') will, in accordance with the AML legislation, rely upon the financial adviser to verify the identity of the investor. In verifying the identity of the investor:

- I confirm that I have complied with the requirements of the Anti Money Laundering (AML) and Counter Terrorism (CTF) Act 2006 and associated AUSTRAC rules. I understand that I am legally required to have verified the identity of the investor prior to providing the designated service (that is, arranging for the investor to invest in the Service).
- I understand that, as permitted by the AML/CTF Act, you will rely on the investor identification that I conduct. Unless requested, you do not require certified copies or originals of documents used by me to verify the identity of the investor. Regardless of whether I provide you documents verifying the investor 's identity, I acknowledge that you (as permitted under the AML legislation) will rely on me to verify the investor's identification.
- You may (as required) seek additional information from me or the investor to verify the investor's identity. I acknowledge that you may not accept an application until it is satisfied that the identity of the investor is verified.
- I confirm that, in accordance with the requirements of the AML legislation, I will retain all documentation used by me to verify the identity of the investor.
- I confirm that I am an adviser registered with the Service.
- I acknowledge that words and phrases referred to or defined in the Service Guide shall have the same meaning.

You must tick the box below:

- I confirm that I have verified the identity of the investor in accordance with AML legislation. I will attach certified copies of the investor's current identification documents to complete the verification process.

By signing this section, I acknowledge that I have read, understood and agree to comply with the above.

Signature - Nominated Representative/Adviser

/ /

Please print name

Dealer Group name

Adviser code

Work phone

AFSL

Dealer stamp

19. Declaration of Acknowledgements

Unless otherwise specified, words and phrases referred to or defined in the Service Guide (as applicable) shall have the same meaning in this Application Form.

A. DECLARATIONS AND ACKNOWLEDGEMENTS

By signing and completing this Account Opening Application Form:

- I/We confirm that I/we am/are over 18 years of age, have full legal capacity and am/are resident in Australia for tax purposes. If I/we am/are a director or secretary, I/we am/are authorised to sign on the company's behalf.
- I/We confirm that I am not a bankrupt nor a company being wound up in insolvency.
- I/We declare that the information provided in this application form is complete and correct.
- I/We acknowledge I/we have read and understood the requirements, obligations, terms and conditions set out in the Service Guide (as applicable to my/our application) and the IDPS Contract, accept the offer to provide the financial products and services contained in the Service Guide on the fees and other charges set out in the Service Guide, and agree to be bound by the requirements, obligations, terms and conditions in the Service Guide, the Service Agreement and the IDPS Contract.
- I/We acknowledge that by signing this declaration and acknowledgement, I/we enter into the Service Agreement with the RE to acquire the financial products and services set out in the Service Guide and the agreement commences on the date of this Application Form and continues until it is terminated by either me/us or the RE giving to the other party 30 day's written notice.
- I/We consent to product disclosure statements and any other financial services disclosure documents being given to me/us online via the 'Secure Portal'.
- I/We have read, understood and agree to be bound by the Direct Debit Terms and Conditions applicable to this application and the terms and conditions applying to the Online Order Pad.
- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power.
- I/We consent to the use of my personal information as outlined in the Service Guide.
- I/We are not applying under an assumed name.
- I/We declare that any money or securities invested are not derived from or related to criminal activities and any proceeds from my/our investment will not be used for criminal activities.
- I/We will provide additional information reasonably requested as required by the AML/CTF laws.
- I/We acknowledge that the RE may provide and obtain information about me/us from third parties if the RE believes it is necessary to comply with the AML/CTF laws.
- I/We acknowledge that in order to comply with the AML/CTF laws the RE may be required to take actions such as delaying or refusing to process applications or withdrawals and disclosing information the RE holds about me/us to relevant regulators or related bodies.
- I/We acknowledge and agree that if my/our Cash Hub contains insufficient funds to pay the whole of or any part of the fees owing from time to time for the financial products and services in the Service Guide, then I/we authorise you to sell down my/our investment(s) to restore the funds in the Cash Hub to a level sufficient to pay outstanding fees for the financial products and services in the Service Guide.
- I/We will not transfer my/our investments to which this application applies to anyone who does not agree with the terms, conditions and acknowledgements set out in this section.
- In the case of joint applications we, the joint applicants, agree that unless otherwise expressly indicated on this Application Form, the investments will be held as jointly and severally and either investor is able to operate the account and bind the other investor for future transactions, including additional deposits and withdrawals.
- I/We acknowledge and understand that in the case of multiple account holders, a single account holder is able to access the account and transact using the Online Order Pad, regardless of whether all account holders are required as signatories to make other changes to the account.
- I/We understand that neither the repayment of capital nor the performance of any of the financial products and services in the Service Guide is guaranteed.
- I/We acknowledge that the RE only administers my/our investments and takes no responsibility for the performance of or risks associated with my/our investments or the repayment of my/our capital in full.
- I/We acknowledge and accept that if I/we do not provide my/our TaxFile Number (TFN), TFN exemption or ABN then the RE will deduct withholding tax at the highest marginal rate (plus Medicare Levy if applicable).
- I/We acknowledge that by investing through the Managed Funds Service, the Managed Account Model Portfolios and/or ASX Listed Securities, I/we may not have access to some of the rights and entitlements that would otherwise be available to me/us as a retail investor if I/we invested in the same underlying finance products or securities directly, including:
 - (a) cooling of rights,
 - (b) withdrawal rights, and
 - (c) voting rights.
- I/We acknowledge that I/we may be adversely affected if I/we have not engaged a person, or a person meeting particular requirements, to provide financial product advice to me/us or provide instructions on my/our behalf in relation to accessible investments.
- I/We agree to receive annual investor statements and audit reports electronically on the 'Secure Portal'.

B. DIRECT DEBIT TERMS & CONDITIONS

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited. Agreement means this Direct Debit Request Service Agreement between you and us.

Business day means a day other than a Saturday, Sunday, bank holiday or public holiday listed throughout Australia. Debit day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct debit request means the request to debit your account that you make to us.

We/us means OneVue RE Services Limited ABN 94 101 103 011 in relation to our accounts with Cash Hub.

You/your means the client who signed the direct debit request by completing and signing a Direct Debit Request Form.

Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. Debiting your account

- 1.1. By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.
- 1.2. We will only arrange for funds to be debited from your account as authorised in the direct debit request.
- 1.3. If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day.
- 1.4. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Changes by us

We may vary any details of this agreement or a direct debit request at any time by giving you at least 14 days written notice.

3. Changes by you

- 3.1. Subject to 3.2, you may change the arrangements under a direct debit request by giving us at least 14 days written notice in accordance with 8.1.
- 3.2. If you wish to stop or defer a debit payment or cancel your authority for us to debit your account you must notify us in writing 14 days before the next debit day. This notice should be given to us in the first instance.

4. Your obligations

- 4.1. It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.
- 4.2. If there are insufficient clear funds in your account to meet a debit payment:
 - (a) you may be charged a fee and/or interest by your financial institution;
 - (b) you may also incur fees or charges imposed or incurred by us; and
 - (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to

be in your account by an agreed time so that we can process the debit payment.

5. Dispute

- 5.1. If you believe that there has been an error by us in debiting your account, you should notify us directly and confirm that by notice in writing with us as soon as possible so that we can resolve your query more quickly.
- 5.2. If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by:
 - (a) arranging for your financial institution to adjust your account (including interest and charges);
 - (b) notifying you in writing of the amount by which your account has been adjusted; and
 - (c) providing you with reasons and any evidence for our finding.
- 5.3. Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

- 6.1. You should check:
 - (a) with your financial institution whether direct debiting is available from your account;
 - (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
 - (c) with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

7. Confidentiality

- 7.1. We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2. We will only disclose information that we have about you:
 - (a) to the extent specifically required by law; or
 - (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).
- 7.3. We will collect, use and disclose any personal information in accordance with our Privacy Policy which is available on request.

8. Notice

- 8.1. If you wish to notify us in writing about anything relating to this agreement, you should write to us at the address provided on the front of this form.
- 8.2. We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.
- 8.3. Any notice will be deemed to have been received two business days after it is posted.

Account name

C. LIMITED POWER OF ATTORNEY

Appointment of OneVue as Attorney

1. I/We appoint OneVue RE Services Limited ABN 94 101 103 011 and OneVue Services Pty Limited ABN 71 104 037 256 collectively referred to as ("OneVue") jointly and severally as my/our attorney to act on my/our behalf to exercise the authority conferred on OneVue as set out below to do on my/our behalf within the scope of this authority anything I/we may lawfully authorise an attorney to do.

Warranties as to Capacity

- 2. I/We warrant that I/we am/are over 18 years of age and have full legal capacity,
 - (a) If I/We is a company, I/we warrant that it has full legal capacity and the power and authority to grant this Limited Power of Attorney, and
 - (b) If I/we is/are a trustee(s) for a superannuation fund or other type of trust then I/we has full legal capacity and the power and authority to grant this Limited Power of Attorney under the terms of my/our superannuation deed or other trust deed.

Authority to Act

3. I/we hereby authorise OneVue to act on my/our behalf of as follows:

Products and Services: Open Accounts

- (a) to open or establish in my/our name accounts for:
 - (i) the Products and Services offered by OneVue (including those supplied by Third Party Service Providers) as at the date of this Account Opening Application Form, and
 - (ii) Products and Services which I/we use or invest in following signing of this Limited Power of Attorney.

Products and Services: Transact on Accounts

- (b) to transact on the Products and Services which I/we may use or invest in from time to time in accordance with:
 - (i) an instruction (in electronic or written form) received from me/us, or
 - (ii) an authority given to OneVue by me/us contained in any product disclosure statement, Investor Directed Portfolio Service (IDPS) Guide and any service guide and any other offer or explanatory document issued by OneVue and signed and accepted by me/us or by OneVue on my/our behalf.

Products and Services: Update Details

- (c) to update the details for the Products and Services which I/we may use or invest in from time to time, including:
 - (i) changing or correcting my/our address or name or any other account details or tax file number (TFN),
 - (ii) authorising release of my/our information regarding my/our investments relating to the Products and Services.

Products and Services: Appoint Third Party Service Providers:

- (d) to appoint Third Party Service Providers to do and perform all services necessary or incidental to the

operation of those Products and Services supplied by Third Party Service Providers which I/we may use or invest in from time to time including:

- (i) carrying out settlements of purchases and sales of investments executed on my/our behalf, and
 - (ii) managing investments in term deposits authorised by me/us.
- 4. I/We authorise OneVue to appoint a nominee, who must be an appropriately qualified and experienced employee, contractor or agent of OneVue, to do anything OneVue is authorised to do under this Limited Power of Attorney.
- 5. I/We hereby declare(s) that this Limited Power of Attorney is given for valuable consideration and shall remain in full force and effect until written notice of its revocation shall be received by OneVue and I/we may revoke this Limited Power of Attorney by notice in writing to OneVue at any time on or after the date I/we give notice to OneVue terminating my/our use of and investments in all Products and Services.
- 6. Upon revocation of this Limited Power of Attorney as provided in Clause 5, I/we hereby authorise OneVue to complete all transactions authorised by me/us in accordance with Clause 4 prior to such revocation and for the purpose of completing these transactions only, I/we authorise OneVue to act on my/our behalf in accordance with Clause 3.
- 7. I/We hereby further declare(s) that the documents and things that shall be executed or done by OneVue as attorney for the purposes set out in this Limited Power of Attorney shall be as effectual as if they had been executed or done by me/us and, if required to do so, I/we shall ratify and confirm whatever OneVue shall lawfully do or cause to be done by virtue of this Limited Power of Attorney.
- 8. This Limited Power of Attorney shall in all respects be interpreted in accordance with and governed by the law of the State of New South Wales.
- 9. I/We acknowledge that a person dealing with OneVue may rely on that dealing (and the dealing will bind me/us even though there may be some irregularity with the dealing) unless that person has actual knowledge of fraud or dishonesty by OneVue (or its nominee) or actual knowledge that the dealing was not approved by me/us. A person dealing with OneVue is not obliged to make any enquiries.
- 10. The exercise by OneVue of any power under this Limited Power of Attorney does not connote an assumption of personal liability by OneVue in exercising this Limited Power of Attorney.
- 11. I/We indemnify OneVue against all claims, demands, losses, damages, costs, charges, outgoings and expenses suffered or incurred by OneVue in respect of any of its powers under this Limited Power of Attorney.
- 12. For the purposes of this Limited Power of Attorney:

AFSL means Australian Financial Services Licence.

I/We means the person(s) or company/ies referred to in this Account Opening Application.

Products and Services means the suite of financial products and services issued, offered or supplied by OneVue from time

19. Declarations, acknowledgements and Limited Power of Attorney (continued)

to time as described in the Service Guide and whether under OneVue's AFSL or through the AFSL or other financial licence of a Third Party Service Provider as more particularly set out in the Service Guide.

Service Guide means the service guide for the Products and Services to which this Limited Power of Attorney relates, issued by OneVue as varied from time to time.

Third Party Service Provider means any stockbroker, platform operator or other service provider appointed by OneVue as an agent, supplier or in any other capacity from time to time to supply any of the Products and Services.

D. ONEVUE AUTHORITY TO ACT - AMM TERM DEPOSIT HUB

Background

1. Under paragraph 3 (d) of the Limited Power of Attorney contained in Section C you authorise OneVue to appoint Third Party Service Providers to do and perform all services necessary or incidental to the operation of those Products and Services supplied by Third Party Services Providers which you use or invest in from time to time, including managing investments in term deposits authorised by you.

Acknowledgement: AMM Power of Attorney

2. You acknowledge and agree that in reliance on the authority referred to above, OneVue has:
 - (a) appointed Australian Moneymarket Pty Ltd (**AMM**) as a Third Party Service Provider so as to allow you to invest in term deposits through the Term Deposit Hub; and
 - (b) granted AMM a limited power of attorney (**AMM Power of Attorney**) with full power and authority to undertake and perform the following on OneVue's behalf:
 - (i) apply for, open and operate new bank accounts with any chosen financial institution, or any other investments;
 - (ii) authorise for direct debit payments to be acted upon by any chosen institution in order to transfer funds in relation to new or existing bank accounts;
 - (iii) instruct in relation to rollovers, maturities, transfer requests of existing investments;
 - (iv) advise of changes to my/our contact details as advised from time to time;
 - (v) notify my/our TFN(s) or Exemption(s) in respect of any existing investment(s) and or new purchase(s) made on my/our behalf.

You also acknowledge that the AMM Power of Attorney is to facilitate your use and operation of your investments in term deposits through the Term Deposit Hub and has been entered into by OneVue for your convenience and benefit.

AMM Terms and Conditions

3. You understand that AMM will provide OneVue as your attorney with a copy of the relevant terms and conditions relating to any account which AMM proposes to open in your name prior to the account being opened. (**AMM Terms and Conditions**)

You are aware that you must read and understand or authorise OneVue as your attorney to read and understand the AMM Terms and Conditions and either contact AMM or authorise OneVue as your attorney to do so if you do not agree to be bound by them.

The authority in favour of AMM contained in the AMM Power of Attorney is given only to act as per instructions given by OneVue as my attorney via the AMM website or by any other means of documented instruction, or received by my/our adviser listed above (if applicable).

Acceptance by AMM of its Appointment

4. You acknowledge that AMM agrees to accept its appointment subject to the AMM Terms and Conditions, and agrees to act and perform in a fiduciary capacity consistent with your best interests as AMM in its discretion deems advisable.

Revocation of AMM Power of Attorney

5. The AMM Power of Attorney may, following receipt by OneVue of a written notice from you directing OneVue to revoke the AMM Power of Attorney, be revoked by OneVue in writing at any time, provided any person relying on the AMM Power of Attorney shall have full rights to regard it as current and in force.

Consent

6. By signing this form, you acknowledge and consent to the arrangements for the operation and management of investments in term deposits in the Term Deposit Hub set out in this Section D.

18. Declaration of Acknowledgements (continued)

C. EXECUTION Executed as a Deed

Note If you are signing on behalf of a company, please sign on the next page.

Execution for Individuals Trustees

Executed by the person named in this Account Opening Application as Member 1:

Signature - Member 1

/ / (signing date)

Please print name

Executed by the person named in this Account Opening Application as Member 2:

Signature - Member 2

/ / (signing date)

Please print name

Executed by the person named in this Account Opening Application as Member 3:

Signature - Member 3

/ / (signing date)

Please print name

Executed by the person named in this Account Opening Application as Member 1 in the presence of:

Signature - Witness

/ / (signing date)

Please print name

Address of Witness

Executed by the person named in this Account Opening Application as Member 2 in the presence of:

Signature - Witness

/ / (signing date)

Please print name

Address of Witness

Executed by the person named in this Account Opening Application as Member 3 in the presence of:

Signature - Witness

/ / (signing date)

Please print name

Address of Witness

18. Declaration of Acknowledgements (continued)

Executed by the person named in this Account Opening Application as Member 4:

Signature - Member 4

/ / (signing date)

Please print name

Executed by the person named in this Account Opening Application as Member 4 in the presence of:

Signature - Witness

/ / (signing date)

Please print name

Address of Witness

Execution for Company/Companies

Executed for and on behalf of the Company named in this Account Opening Application as an Investor by the authorised person(s) whose signature(s) appear below pursuant to Section 127 (1) Corporations Act 2001 in the presence of:

Signature - Director/Sole Director/Sole Secretary

/ / (signing date)

Please print name

Signature - Director/Secretary

/ / (signing date)

Please print name

Authority to update current investment details

Please complete this form using BLACK INK and CAPITAL letters.

Note: If a Power of Attorney exists for the entity, you must also provide an original certified copy of the Power of Attorney for our records.

1. Account and Adviser details

Account name

Adviser name

2. Acknowledgements and signature(s)

I/We authorise . to electronically attach the signatures below to documents required to be completed on behalf of the tax entity for investment, and to receive documentation relating to any investment that I/we specify.

I/We understand that the signature/s will be maintained electronically in a secure environment, and will be limited to the purposes stipulated below:

- change of address and/or name correction requests
- change of option (from Dividend Reinvestment Plan to cash distribution)
- provision of TFN to prevent TFN withholding tax being deducted from income
- ensuring that bank account details are consistent with the tax entity's portfolio bank account details
- electing to receive/not receive any annual reports regarding my/our investments
- authority for exchange of information regarding my investments with the relevant parties as appropriate.

Please use BLACK INK only, and ensure that signatures fall within the box, rather than crossing the lines of the box. If you do cross those lines, please ask your adviser for another form, as we will be unable to record the signature electronically.

Signature - Investor 1/Trustee 1/Director 1
/Sole Director (you MUST circle one)

/ /

Please print name

Signature - Investor 2/Trustee 2/Director 2
/Secretary (you MUST circle one)

/ /

Please print name

Signature - Investor 3/Trustee 3/Director 3
(you MUST circle one)

/ /

Please print name

Signature - Investor 4/Trustee 4/Director 4
(you MUST circle one)

/ /

Please print name

Macquarie Cash Management Account - Withdrawal authority

Please complete this form using BLACK INK and CAPITAL letters.

1. Account details

Account name	<input type="text"/>		
BSB	<input type="text"/>	Account number	<input type="text"/>

2. Terms and Conditions

- 1.1 We hereby authorise my/our agent OneVue RE Services Limited ABN 94 101 103 011 ("OneVue"), through its signatories who are notified from time to time in writing to Macquarie Bank Limited ABN 46 008 583 542 ("Macquarie"), to make withdrawal requests for the purpose of:
- Payment of Fees
 - Processing withdrawal requests for depositing into your account
- from the Macquarie Cash Management Account described above. Macquarie may in its sole discretion terminate this authority at any time by notice in writing.
- General Terms which apply to withdrawal authority**
- 2.1 Only you may appoint a third party to access or withdraw from your Account.
- 2.2 If you appoint a third party to withdraw from your Account they will automatically be able to enquire on your Account also.
- 2.3 Withdrawals may be for any amount and may be made at varying intervals of time.
- 2.4 You:
- (a) indemnify Macquarie against all loss, liabilities and costs incurred directly or indirectly as a result of the appointment of a third party
 - (b) indemnify Macquarie 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 Macquarie from claims and liabilities in connection with any act or omission relating to the appointment of a third party to your Account.
- 2.5 However, Macquarie remain liable for any loss or liability which, by operation of law Macquarie cannot exclude.
- 2.6 This authority takes effect on the date that Macquarie amend their records to note the appointment and continues until you cancel it by telling Macquarie in writing. Cancellation also takes effect on the date that Macquarie amend their records to note the change.
- 2.7 Macquarie may cancel the appointment of a third party as an authority on your account by telling you in writing.
- 2.8 In the event of the death of an account holder, the authority given under this form will automatically terminate.
- 2.9 Third parties may not set up Direct Debits on your Account or give other third parties access or authority on your account.
- 2.10 Where you give authority to a company or firm:
- (a) The company or firm will give Macquarie details of people who can transact on its behalf
 - (b) You acknowledge and agree that the company or firm may do this and that the people nominated by the company or firm can withdraw from your Account in accordance with the authority you have given it
 - (c) Macquarie will only act on requests from the company or firm, if the person requesting the withdrawal has been nominated by it in accordance with Macquarie's procedures
 - (d) The company or firm must tell Macquarie in writing if any nominated person no longer has authority. If Macquarie have not been advised in writing that the person no longer has authority, then that person may still operate your account and you cannot claim that he or she is not acting for you until Macquarie are told by the company or firm in writing.

3. Signature(s)

For personal accounts, all account holders must sign. For company accounts two directors, a director and a secretary or a sole director must sign. Please note that the directors/secretary who sign must be existing account signatories.

Signature - Investor 1/Trustee 1/Director 1
/Sole Director (you MUST circle one)

/ /

Please print name

Signature - Investor 2/Trustee 2/Director 2
/Secretary (you MUST circle one)

/ /

Please print name