

## **Authorised Operator Form**

## A: Changing level of authority of your financial adviser firm

If you open your account through a financial adviser firm, you can use this form to change the level of their authority by appointing them as either a Full Access or Limited Operator.

| them as either a run access of Limited Operator.  |  |  |  |
|---|--|--|--|
| Full access   |  |  |  |
| Yes, I/we wish to appoint my/our financial adviser firm whose stamp appears on this form to fully operate this account through their partners, officers, employees, agents and service providers. |  |  |  |
| Limited access  |  |  |  |
| Please change my financial adviser firm/dealer group whose stamp appears on this form to have Limited Operator Access.  |  |  |  |
| Delete access   |  |  |  |
| Please cancel the authority of my financial adviser firm/dealer group   |  |  |  |
| Please note: Cancelling financial adviser authority means they will no longer be noted on your account.   |  |  |  |
| B: Appointment of individual authorised operator(s)   |  |  |  |
| If you would like to appoint an alternative person (other then your financial adviser firm) as an authorised operator on your account, please complete all of the following details:              |  |  |  |
| Authorised operator 1   |  |  |  |
| Please tick applicable box (✓) Add Delete   |  |  |  |
| Title First name Middle name  |  |  |  |
|   |  |  |  |
| Surname   |  |  |  |
|   |  |  |  |
| Residential address (PO Box is not acceptable)  |  |  |  |
|   |  |  |  |
| Town/Suburb State Postcode  |  |  |  |
|   |  |  |  |
| Work phone Home phone   |  |  |  |
|   |  |  |  |
| Mobile Date of birth  |  |  |  |
|   |  |  |  |
| Email   |  |  |  |
| Please tick (✓) required operator access Limited Operator Full Operator   |  |  |  |
| Signature of Authorised Operator 1  |  |  |  |
|   |  |  |  |
|   |  |  |  |

| Authorised operator 2   |
|---|
| Please tick applicable box (✓) Add Modify Delete  |
| Title First name Middle name  |
|   |
| Surname   |
|   |
| Residential address (PO Box is not acceptable)  |
|   |
| Town/Suburb State Postcode  |
|   |
| Work phone Home phone   |
|   |
| Mobile Date of birth  |
|   |
|   |
|   |
| Please tick (✓) required operator access Limited Operator Full Operator   |
|   |
| Signature of Authorised Operator 2  |
|   |
|   |
| Appointment of corporate entity as a Limited Access Operator  |
| If you would like to appoint a corporate identity as a Limited Access Operator to this account please complete this section:  |
| Corporate entity  |
|   |
| Address   |
|   |
| Town/Suburb State Postcode  |
|   |
| Phone Company |
|   |
| (Limited access option only – Code 11)  |
| Duplicate statement required  |
| Estate of the late accounts only – full access operator appointment   |
| Yes, I/we authorise my/our financial adviser/broker whose stamp appears on this form to act as my/our agent and to be appointed as a Full Access Operator on this account. I/We also acknowledge that by appointing an agent that I/we will no longe  |
| have access to this account.  |

Please note, all executors must sign this form and will be removed from the account. All future requests must be facilitated via the appointed agent.

| C: Account operating authority   |  |  |  |
|--|--|--|--|
|  |  |  |  |
| Please indicate how you wish to operate your account  Any one of us to sign  All of us to sign   |  |  |  |
| If you select 'any one of us to sign', each of you (including any person you appoint as an authorised operator) will be able to transact on or otherwise operate your account independently of the others.   |  |  |  |
| If you select 'all of us to sign', you will not be able to operate your account without the written authority of all account holders. You can change the account operating authority at any time by written request signed by all account holders.   |  |  |  |
| If you do not select an option we will assume that 'any one of us to sign' option will apply.  |  |  |  |
| D: Declaration and acknowledgement   |  |  |  |
| You should read and understand the product guide. In particular, your attention is drawn to the section of the product guide titled "Appointing an Authorised Operator" which outlines the powers of accounting operators, which may include the ability to close your account, change your account details, and withdraw some or all funds to your nominated account.  I/We the undersigned:  1. Authorise each operator in this form to operate my/our account subject to the level of access specified for each operator in Section A and B, 2 and the instructions I/we have provided in Section C of this form; |  |  |  |
| 2. Understand that any such appointment continues until I/we cancel the appointment by giving notice in writing to the Manager or the Bank;  |  |  |  |
| 3. Acknowledge that the instructions provided in this form supersede all prior authorities.  |  |  |  |
| Customer 1   |  |  |  |
| Name   |  |  |  |
|  |  |  |  |
| Corporate title (if applicable)  |  |  |  |
| Signature  |  |  |  |
| Date DD - MM - YYYY  |  |  |  |
| Customer 2   |  |  |  |
| Name   |  |  |  |
|  |  |  |  |
| Corporate title (if applicable)  |  |  |  |
|  |  |  |  |
| Signature  |  |  |  |
| Date D D - M M - Y Y Y   |  |  |  |

| E: MANDATORY ADVISER SECTION - Know Your Customer Details   |  |
|---|--|
| Adviser name:   |  |
|   |  |
| Dealer group/Firm name:   | State:   |
|   |  |
| Broker code:  | Client reference number:                                   |
|   |  |
| By signing this section, I acknowledge and confirm that I have identified the Customer' requirements. | ne customer(s) in accordance with the applicable 'Know You |
| Signature   | Adviser stamp  |
|   |  |
| Date D D - M M - Y Y Y Y  |  |