

i You can elect to have us deal with your financial counsellor or representative. Complete this form if you wish to authorise someone else to view information and/or trade/transact on your behalf. You can revoke this authority at any time by notifying us.

If you list a Trading Account that is linked to an Options Account or an Options Account that is linked to a Trading Account, the additional authority will provide access to both the Options and Trading Accounts.

1. Authority to Trade

Personal Details – Existing customer

| | |
|------------------------|----------------------|
| Trading account number | Trading account name |
| <input type="text"/> | <input type="text"/> |

i If you have an existing Trading Account – you **do not** need to complete the following personal details unless they have changed, proceed to Section 2 - Acknowledgement & Signature.

Otherwise – Please provide your personal details below.

Personal Details – New customer

Mr
 Ms
 Mrs
 Miss
 Dr
 Other

| | | |
|----------------------|----------------------|----------------------|
| First name | Middle name/s | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|---|--|----------------------------|------------------------------|
| Other name/s commonly known by – <i>If applicable</i> | Date of birth – DD / MM / YYYY | <input type="radio"/> Male | <input type="radio"/> Female |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |

| | |
|----------------------|----------------------|
| Job Category | Job Type |
| <input type="text"/> | <input type="text"/> |

i See the Job and Industry Classification list available from the website for a list of acceptable Job Categories and Types

Residential Address

Street address – *Cannot be a PO Box*

| | | |
|----------------------|----------------------|----------------------|
| Suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Country

Postal Address

Same as residential address

Street address

| | | |
|----------------------|----------------------|----------------------|
| Suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Country

Contact Details

Email address

| | | |
|----------------------|----------------------|----------------------|
| Mobile | Home number | Work number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

I do not wish to receive marketing or promotional material from the Participant.

Online Access – you will need this password the first time you log in

You will receive a confirmation of your Username with your Welcome Letter or Welcome Email

Temporary Login Password – 6 to 16 alphanumeric characters

Identification

Please attach certified copies of ID and consent to the electronic verification to be performed (Refer to section 2 Authority to Trade Acknowledgement & Signature).

Your ID documents must be in the exact same details as those provided in this form.

 See the Identification Documentation Requirements available from the website for more information.

2. Authority to Trade Acknowledgement and Signature

I understand, acknowledge and declare that:

- a. The name of individual persons given to the Participant are true and correct and that the law prohibits the use of false names, as well as the giving or use of a false document in connection with an identification procedure;
- b. My particulars (including identification details) as shown on this form are complete and correct;
- c. The Participant collects my particulars in order to allow me to exercise this authority; and
- d. I have received and agree to be bound by the Terms and Conditions governing each product nominated in this form and consent to the collection, use and exchange of my/our personal information as set out in the Customer Information and Privacy section of those Terms and Conditions.

- I/We consent to having my/our personal details and identification documents matched to information held by the issuer or Official Record Holder via third party systems
- I/We understand that my/our personal information will be exchanged with external organisations including: credit reporting agencies, Commonwealth and State government departments, independent and private sector organisations and outsourced providers who coordinate the electronic identification process and who may conduct additional matches against public or proprietary databases
- As part of the electronic identification process, I/we permit these external organisations to record, use and disclose my/our information in accordance with their own privacy policies and legal obligations. I/We understand that AUSIEX and its outsourced providers will access records held about me/us by these external organisations only for the purpose of matching the identifying information I/we have chosen to provide
- I/We consent to providing my/our name(s), address(es) and date of birth to selected credit reporting agencies to match this information against their records. I/We understand that this is done only for identity verification purposes as required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.
- You do not have to consent to electronic verification. If you do not want to be verified electronically, you have the option to be identified by sending in your original certified copy of identification to us via post.

Identification Verification

AUSIEX is required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* to collect information about you and verify your identity before AUSIEX can provide you with the services or products for which you've applied.

- I/We consent to having electronic identification performed using personal details and identification documents I/we have provided, and understand that providing false or misleading information about my/our identity(s) is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Authority to Trade

Full name Date – DD / MM / YYYY / /

Signature – Must be signed pen to paper

3. Account Holder Authority and Signature/s

Account to Authorise Access

Trading Account Number

Account Name

I/We: Authorise the Authority to Trade set out in Section 1 to act on my/our behalf in connection with the following products and services, to the extent of their authority set out below:

View Only

With this access level the authority is able to:

- a. have access to, receive & enquire about information pertaining to an account.

View and Transact

With this access level the authority is able to:

- a. have access to, receive, and enquire about information pertaining to an account;
- b. acquire, buy, deal with, dispose of, or sell any financial products;
- c. provide authorisation to make and receive payment for any financial product transactions and attendant expenses by any means whatsoever and to give goods receipts and discharges for the proceeds and sales on financial products and other monies;
- d. execute all contracts and other documents necessary or proper for the custody, dealing, and transfer of financial products and related matters;
- e. receive, hold, or arrange custody of evidence or title to financial products;

- f. exercise all rights, privileges, duties, and obligations now and in the future with regard to transacting in financial products that pertain to me as the holder of financial products.

All authorised signatories must sign this authority for your instructions to be executed

I/We:

- a. Acknowledge that I/we are responsible for and bound by the instructions that the Authority to Trade gives the Participant, and I/we indemnify the Participant in relation to the actions of my/our authorised agent;
- b. Acknowledge that it is my/our obligation to be aware of any activity undertaken on my/our behalf by the Authority to Trade;
- c. Agree that I/we will not provide my/our personal login details to the Authority to Trade, instead relying on the Participant to issue relevant account access to the Authority to Trade;
- d. Authorise and request the Participant to accept and act upon any instructions issued by the Authority to Trade pursuant to this authority and undertake to ratify whatever the signatory lawfully does or causes to be done pursuant to this authority;
- e. Understand the appointment of an Authority to Trade remains effective until I/we revoke it by providing a notice in writing to the Participant.

Account Holder/Director/Secretary/Trustee 1

Full name

Date – DD / MM / YYYY

 / /

Signature – *Must be signed pen to paper*

Account Holder/Director/Secretary/Trustee 2

Full name

Date – DD / MM / YYYY

 / /

Signature – *Must be signed pen to paper*

Share Trading is a service provided by Australian Investment Exchange Ltd (the Participant, we, us, our) ABN 71 076 515 930 AFSL 241400, a participant of the ASX Group and Chi-X Australia.

How to submit your documents

Once completed and signed, please scan and email the form to

✉ support@sharetrading.netwealth.com.au



Netwealth

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Australia Square NSW 1214



1800 888 223



sharetrading.netwealth.com.au