

25 October 2021

Appointment of representative

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS**.

Important note:

Please use this form to appoint and authorise a representative (other than your financial adviser) to operate your account. You can elect one person other than your financial adviser to act as an authorised representative on your account.

Do not use this form to APPOINT or CHANGE your existing financial adviser.

All sections of this form must be completed.

Step 1: Client details

Account number

Account name

Step 2: Appointment of a representative

I/We hereby appoint the following person as my/our representative to enable them to operate the above account.

Title (Dr/Mr/Mrs/Ms/Miss)

Surname

Given name(s)

Date of birth

Signature of representative

Date

The appointed representative will be able to provide instructions on your behalf by any method acceptable to us. The authority granted allows your representative to take any type of action on the account but does not allow them to:

- withdraw any funds from your account except to authorise payment of withdrawals to the bank account nominated by you (or any bank account you nominate in future)
- change the nominated bank account on the account
- authorise any change in fees and charges
- sign any form on your behalf where the law or an external party requires your signature on the form
- change the name on your account
- change an address associated with the account
- authorise any other person to operate your account.

Step 3: Proof of Identity of Authorised Representative

Important note:

In accordance with the AML/CTF Act, we are required to carry out proof of identity procedures for representatives as they act as agents. Please refer to the 'Completing proof of identity' document on www.myexpand.com.au and provide the appropriate identification documents for your representative listed in Step 2.

Where you have a financial adviser listed on your account they may complete the below to verify the identity of the authorised representative.

Proof of Identity table (adviser use only)

Record of proof of identity (ID) ²	ID document 1	ID document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Declaration by financial adviser

- I have sighted and retained the original certified copies of the nominated Representative's identification recorded in the above proof of identity table; and
- I confirm that I have conducted the relevant identification procedure in line with the obligations under the AML/CTF legislation; and
- I consent to provide the Trustee/Service Operator all proof of identification records for the purpose of this form if requested (pursuant to the AML/CTF Rules Part 7.2).

Signature of financial adviser or AFSL holder representative Date / /

Full name

Licensee

Step 4: Client declaration and signature(s)

Important note: The Trustee/Service Operator collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the Privacy Policy at www.myexpand.com.au/privacy.

If you do not provide all of the requested information, we may not be able to action your request.

I/We accept the terms outlined below:

- I/We hereby **authorise** the person nominated in Step 2 of this form as my/our agent, to act on my/our behalf in relation to this account.
- I/We acknowledge and agree that any action made on the account by the representative has been properly authorised by me/us.
- I/We acknowledge and agree that the representative can access all of my/our account information, including personal information, which is held by the Trustee/Service Operator.
- To the maximum extent permitted by law, I/we release and indemnify the Trustee/Service Operator and each member of the IOOF group from and against all demands, actions proceedings, losses, liabilities and costs arising directly or indirectly our of or in connection with authority provided by this form.
- I authorise the Trustee/Service Operator to continue to follow instructions given under this authority until the Trustee/Service Operator receives notice in writing signed to cancel the authority. The authority will become null and void should the person who signed the authority become incapacitated or in the event of their death.

Signature

Signatory 1		Date	□	/	□	/	□
Role (such as Investor/ Director/Trustee as applicable)							
Full name							

Additional Signatures (if required)

Signatory 2		Date	□	/	□	/	□
Role (such as Investor/ Director/Trustee as applicable)							
Full name							

Signatory 3		Date	□	/	□	/	□
Role (such as Investor/ Director/Trustee as applicable)							
Full name							

Signatory 4		Date	□	/	□	/	□
Role (such as Investor/ Director/Trustee as applicable)							
Full name							

Signatory 5		Date	□	/	□	/	□
Role (such as Investor/ Director/Trustee as applicable)							
Full name							

Signatory 6		Date	□	/	□	/	□
Role (such as Investor/ Director/Trustee as applicable)							
Full name							

Common seal (of company) if required	
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**Please forward all correspondence and enquiries to
Applications and forms**

Post eXpand
GPO Box 264 Melbourne VIC 3001

Telephone 1800 517 124
Email clientfirst@myexpand.com.au