

Individual & Joint Account Application form

Account Details	Adviser to Complete
A division manage	
Adviser name	Adviser code
Contact phone	Brokerage (inclusive GST)
Client WebTrader login Trading View-only None	Data feeds to
Section 1 - Account Type	Mandatory
Individual Joint (2 or 3 persons)	In trust for a minor
Name of minor	linor D.O.B.
Section 2 - Applicant Details	Mandatory
Applicant 1 (primary contact) Title	Existing OpenMarkets account no. (if applicable)
Given name(s) Include middle name	Gender Male Female
Surname	Date of birth
Residential address (Not a P.O. Box)	
Occupation	Industry
Email*	Mobile
*An email address must be provided for the primary applicant on this account. This email will be the r in the Client Agreement and will be used as your Trading Account username (if applicable). By provided	recipient of trade confirmations and electronic correspondence as set out
address.	
Is the Applicant affiliated with any government official or entity, or h government related entity of any country?	naving dealings with a government official or any
No Yes If Yes, please provide details	
Citizanship Basidanay (Tay Information	
Citizenship, Residency & Tax Information Please provide tax details of all countries in which you are a citizen, resident for tax purposes please also complete the FATCA Supplem com.au/support/form-library and attach to this application.	
Country Citizen Resides 1	Tax resident TFN or Exemption Code/TIN [^]
^Quotation of your Australian tax file number(s) (TFN) is optional. OpenMarkets is an Australian fina not required to provide your TFN. If OpenMarkets is unable to quote your tax file number or exempt rate from any dividends, distributions, interest and payments to which you are entitled and you may signing the Application Form you: (a) appoint OpenMarkets as your agent and request and authorise OpenMarkets to; (i) provide your Tax File Number to all investment bodies with whom OpenMarkets acts on your bef (ii) apply your TFN to any investment or account which you may in future make or open with or thromay lawfully be applied; and (b) acknowledge that this authority will apply until such time as it is revoked in writing to OpenMarkets.	tion to registries, they may be obliged to take tax at the highest marginal wish to seek independent advice in this regard. By providing a TFN and half; bugh OpenMarkets (and its related bodies corporate) to which your TFN

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Section 2 - Applicant Details (cont.)	
Sole Trader - Information (if applicable)	
Business name (if any)	ABN (if any)
Principle place of business	
Applicant 2 (if applicable) Title	Existing OpenMarkets
Given name(s)	account no. (if applicable) Gender Male Female
Include middle name	Gender Plate Pende
Surname	Date of birth
Residential address (Not a P.O. Box) same as Applicant 1	
Occupation	Industry
Email*	
	Mobile ronic correspondence as set out in the Client Agreement and will be used as your Trading Account username (if
no Yes If Yes, please providence of the provide	de details
Citizenship, Residency & Tax Information	
	in which you are a citizen, resident and tax resident. If you are a U.S. e also complete the FATCA Supplementary Declaration Form available at ry and attach to this application.
Country	Citizen Resides Tax resident TFN or Exemption Code/TIN^
For Applicant 3 please photocopy this pa	ge and complete/attach to application. Please also sign in Section 7.
you are entitled and you may wish to seek independent advice in this regar: (a) appoint OpenMarkets as your agent and request and authorise OpenMai (i) provide your Tax File Number to all investment bodies with whom OpenNa	rkets to; Markets acts on your behalf; nake or open with or through OpenMarkets (and its related bodies corporate) to which your TFN may lawfully be applied; and
Section 3 - Main Source(s) of Funds for In	vestment Mandator
Employment Superannuation s	savings Inheritance/gift Financial investments
Other (please provide a brief description)	

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Section 4 - CHESS Sponsorship & Settlement

Mandatory

All trading accounts with OpenMarkets will be CHESS Margin Loan/Wrap/Custodian.	S sponsored by us (your broker) unless	s you wish to settle via a
This means a single Holder Identification Number (HI the share registries. You can choose to transfer an exnew HIN.		
CHESS Registration Address		
same as Applicant 1		
This address will be registered at CHESS and the relevant share registries, and vaddress below.	will be used as the mailing address for any correspondence	e unless you opt to provide your email
Would you like OpenMarkets to provide an email addr receiving any correspondence via email? (Note not all		
None Yes, same as Applicant 1	Yes, other	
Transfer Existing HIN		Optional
If you have an existing HIN at another broker that you or you would like to transfer some of the holdings, pl		g with all of its holdings,
Current sponsoring broker	Broker PID	
	(I KIOWI)	
Account name (as at other broker)		
Account designation		
Registration address (as at other broker)		
Holder Identification Number (HIN) (Max 11 digits)		
What would you like to transfer?		
Transfer my/our HIN and all its holdings (please	e attach portfolio summary to this app	lication)
Transfer only some of holdings from my/our HIN	N - please attach details of holdings to	this application
Applicant 1 (Print name)	Signature X	Date
Applicant 2		
(Print name)	Signature X	Date
Applicant 3	Signature X	Date
(Print name)		
OR Settle using a Margin Loan/Wrap/Custodian		
Complete only if you wish to settle transactions throan. Please also complete the provider's correspondiform-library		
Account name	Provider e.g. Leveraged	
Facility number	HIN (if applicable)	

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Section 5 - Linked Cash Account	Not applicable for Margin Loan/Wrap/Custodian Accounts			
Please provide the details of the cash account that	will be used to settle transactions on my/our trading account.*			
Provider Macquarie Cash Management Account Bankwest Cash Management	CBA Account DDH Graham Money Market Deposit Account			
Account name				
BSB Account number				
*Third party authority access required Please ensure to grant OpenMarkets with third party auth located at openmarkets.com.au/form-library	ority access by completing the provider's corresponding authority form			
OR OpenMarkets ANZ Cashactive Trust Account:				
I/we request the OpenMarkets ANZ Cashac trading account.	tive Trust Account be used to settle transactions on my/our			
Nominated Bank Account (for funds transfer)				
Please provide the details of a designated bank account (in the same name) for OpenMarkets to transfer funds to, should you wish to withdraw funds from the OpenMarkets ANZ Cashactive Trust Account.				
Account name				
BSB Accord	unt number			
Please ensure to provide us with a copy of a most recei	nt statement (within three months) for us to verify this account.			
For more information on the OpenMarkets Cashactive	Trust Account go to openmarkets.com.au/anz-cashactive-account/			
	cash management account details to all issuers/share registries (or istributions, interest or income payable referable to your sponsored h management account details			
No, I will notify each issuer separately including	g participation in Dividend Reinvestment Plans (DRP's)			
This instruction only applies to holdings sponsored by OpenMarkets in CHESS. Note that by Share Plans. There are also no guarantees that all share registries will accept these instructions.	providing this instruction, it may override your participation in any existing Dividend Reinvestment Plans or Bonus one from OpenMarkets.			
Section 6 - Additional Copies of Trade Confirmation	n Optional			
Please provide the email address(es) of any third p trade confirmation notes:	parties to whom you wish to receive a copy of your			
Email				

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Section 7 - Client Declaration & Signature

Mandatory

By signing below I acknowledge that I have received (in hard copy or where I have received this form electronically I have accessed by hyperlink) read and understood and the Applicant agrees to be bound by (and further disclosures or agreements referred to therein).

- a. OpenMarkets Client Agreement (comprising Part 1 Equities Terms and Conditions and Part 2 CHESS Sponsorship Agreement)
- b. OpenMarkets Financial Services Guide
- c. OpenMarkets Privacy Policy
- d. the authorisations and agreements made in this account application form relating to electronic trade confirmations, your Tax File Number and electronic verification of identity

I also acknowledge and declare that all the information provided in this Application Form is true and correct and that I am over 18 years of age and without legal disability. If this application is signed under Power of Attorney, the attorney declares they have not received notice of any revocation or limitation of that power.

By making this application you consent to OpenMarkets conducting an electronic verification of your identity on the terms detailed in our Client Agreement. If you do not consent to electronic verification of your identity, you will not be able to proceed with this application.

Applicant 1 (Print name)	Signature X	Date
Applicant 2 (Print name)	Signature X	Date
Applicant 3 (Print name)	Signature X	Date

OpenMarkets Use Only

Upon the acceptance of this application, the opening of an account for the Applicant(s) by OpenMarkets (and if the applicant(s) has agreed to be CHESS sponsored, upon the issue of a HIN), OpenMarkets will be taken to have agreed to be bound by and to have signed the OpenMarkets Client Agreement (including CHESS Sponsorship Agreement).

Important note: All fields in each applicable section are mandatory To avoid delays processing your application please ensure all required fields are completed.

Common fields left blank:

- Tax residency status
- **CHESS registration address**
- Cash Account (no selection)
- Income direction (for dividends)
- Date of signatures