

☐ Additional authority ☐ Power of Attorney (POA) – Please attach a certified copy of the POA document

1. Additional Authority: Personal Details – Applicant 1

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First name Middle name/s Surname Date of birth – DD/MM/YYYY / /

Other name/s commonly known by – If applicable

☐ Male ☐ Female

Residential Address

Street address – Cannot be a PO Box

Suburb State Postcode

Country

Postal Address

☐ Same as residential address

Street address

Suburb State Postcode

Country

Preferred Contact Method

Email address

Mobile number

Home number – Optional

Work number – Optional

Employment Information

Refer to [‘Job and Industry Classifications List’](#) available on the website for a list of acceptable Job Categories and Types.

Job category

Job type

Source of Funds and Source of Wealth

See [explanatory notes #1](#) at the end of this document.

Source of Funds

Source of Wealth

Tax Residency Information

1. Are you a tax resident of Australia? – <i>Mandatory</i>	<input type="radio"/> Yes	<input type="radio"/> No
2. Tax File Number or Exemption Code		
3. Are you a tax resident of another country outside of Australia? – <i>Mandatory</i> If yes, please complete the Tax Residency table below.	<input type="radio"/> Yes	<input type="radio"/> No

Instructions for completion:

- List all of your other countries of tax residency and your TIN for that country of 'Reason Code' if no TIN is available.
- If you are a US citizen or resident, you must include USA as a country of tax residency.

For further instructions on how to complete this section see [explanatory notes #2](#) at the end of this application.

Country/ies of Tax Residency		Tax Identification Number (TIN)			
List all country/ies of tax residency.		1. Provide either TIN; OR 2. Select a 'Reason Code' if no TIN: A. My country of tax residency does not issue TINs B. I haven't been issued with a TIN by my country of tax residency C. My country of tax residency doesn't require disclosure of a TIN			
1		TIN:		OR	Reason Code: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
2		TIN:		OR	Reason Code: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
3		TIN:		OR	Reason Code: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

Identification – Choose one of the options below

To meet our obligations with the *Anti Money Laundering/Counter-Terrorism Financing Act 2006 (Cth)*, we must identify customers before we provide a service. Please select one of the following:

<input type="radio"/>	Option 1 – Existing customer If you are an existing customer, please provide your Username or share trading number below.
	Username / Share trading account Number
<input type="radio"/>	Option 2 – New customer Please attach two copies of primary ID such as Australian Driver Licence (both the front and back of the card), and Passport or Medicare card. Refer to the 'Identification Documentation Requirements' list available from our website. By selecting this option and providing copies of your ID, you consent to the electronic verification of your ID documents as outlined in the Declaration Section of this form.
<input type="radio"/>	Option 3 – New customer If you do not meet the criteria for Option 1 or Option 2 or you do not consent to your ID being electronically verified, please refer to the 'Identification Documentation Requirements' list available from our website. Please ensure the ID provided is originally certified .

Online Access – new customers only

You will need this the first time you log in. Your Username will be provided in a welcome email when the account has been established.

Temporary Login Password

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i Your nominated temporary password:

- Must be between 6 and 16 characters long
- Is not case sensitive
- Must not contain spaces
- Can contain most characters except '<~>{}'
- Must not contain the word 'password'

2. Additional Authority: Personal Details – Applicant 2 if applicable

☐ Mr
 ☐ Ms
 ☐ Mrs
 ☐ Miss
 ☐ Dr
 ☐ Other

First name
 Middle name/s
 Surname
 Date of birth – DD/MM/YYYY / /

Other name/s commonly known by – If applicable

☐ Male
 ☐ Female

Residential Address

Street address – *Cannot be a PO Box*

Suburb
 State
 Postcode

Country

Postal Address

☐ Same as residential address

Street address

Suburb
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Country

Preferred Contact Method

Email address

Mobile number

Home number – *Optional*

Work number – *Optional*

Employment Information

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Job category

Job type

Source of Funds and Source of Wealth

See [explanatory notes #1](#) at the end of this document.

Source of Funds

Source of Wealth

Tax Residency Information

1. Are you a tax resident of Australia? – <i>Mandatory</i>	<input type="radio"/> Yes	<input type="radio"/> No
2. Tax File Number or Exemption Code	<input type="text"/>	
3. Are you a tax resident of another country outside of Australia? – <i>Mandatory</i> If yes, please complete the Tax Residency table below.	<input type="radio"/> Yes	<input type="radio"/> No

Instructions for completion:

- List all of your other countries of tax residency and your TIN for that country of 'Reason Code' if no TIN is available.
- If you are a US citizen or resident, you must include USA as a country of tax residency.

For further instructions on how to complete this section see [explanatory notes #2](#) at the end of this application.

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1		TIN:		OR	Reason Code: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
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3		TIN:		OR	Reason Code: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

Identification – Choose one of the options below

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Temporary Login Password

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- i** Your nominated temporary password:
- Must be between 6 and 16 characters long
 - Is not case sensitive
 - Must not contain spaces
 - Can contain most characters except '<~>{}'
 - Must not contain the word 'password'

3. Trading/Options Account details – 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.

Account name	Account number

4. CHESS Registration Details – Optional

Email

☐ Same as Additional Authority 1 email address ☐ Same as Additional Authority 2 email address

Email address:

This email will be used for electronic CHESS statement delivery and will also be provided to relevant Issuers in accordance with AUSIEX's Privacy Policy.

☐ I do **not** wish to receive electronic CHESS statements and do not want my email address shared with Issuers.

5. Declarations – Account holders

1. I/We authorise the person named as the additional authority in Section 1 to have 'view-only' access to the account/s listed above.
2. I/We understand, acknowledge and declare:
 - a. Authorise the additional authority set out in Section 1 to act on my/our behalf in connection with the products and services nominated in Section 2, to the extent of their authority set out below:
 - b. Acknowledge that it is my/our obligation to be aware of any activity undertaken on my/our behalf by the additional authority in relation to instructions provided on the products nominated in Section 2.
 - c. Agree that I/we will not provide my/our personal login details, instead relying on the Participant to issue relevant account access to the additional authority.
 - d. For company accounts (as applicable), I/we confirm the company has complied with its constitution and the requirements of the *Corporations Act 2001(Cth)* in relation to the execution of the additional authority form.
 - e. For trust accounts (as applicable), warrant that the trust deed/instrument authorises the operation of the account as nominated by this additional authority form.
 - f. For trust accounts (as applicable), warrant that authority has been given by signature of the trustee/s, or where the trustee is a company, by resolution passed at a legally constituted meeting of director/s of the company for the operation of the account in the name of and on the terms and conditions and in the manner set out in this additional authority form.
 - g. With view-only access, that person will have access to request information pertaining to the account/s listed above, but not perform transactions.

For electronic signatures only

I/We agree that if I/we choose to execute this document which is required by the Participant, utilising DocuSign, I/we acknowledge that:

- a. I/we are signing this application form electronically and that my/our electronic signature is equivalent to my/our 'wet ink' signature;
- b. I/we are legally bound to the terms and conditions of this form; and
- c. I/we confirm that my/our electronic signature is valid and that I/we are authorised to enter into the relevant agreement with the Participant as described in this form.


All existing account holders must sign this form for your instructions to be executed

Account Holder/Director/Trustee 1

First name	Middle name/s
<input type="text"/>	<input type="text"/>
Surname	Date – DD/MM/YYYY
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature – Must be signed pen to paper with the exception of using DocuSign	
<input type="text"/>	

Account Holder/Director/Trustee 2 – If applicable

First name	Middle name/s
<input type="text"/>	<input type="text"/>
Surname	Date – DD/MM/YYYY
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature – Must be signed pen to paper with the exception of using DocuSign	
<input type="text"/>	

 If there are more than 2 authorised signatories, please photocopy this page, complete and attach to the form.

6. Declarations – Additional authority

I/We understand, acknowledge and declare:

1. The information I/We provided to you in this form is complete and correct and that I/We will advise the Participant if these details change.
2. The name of individual persons given in this form are true and correct and that the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure.
3. I/We 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 personal information as set out in the Customer Information and Privacy section of those Terms and Conditions.
4. The Participant is required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)* to collect information about you and verify your identity before we can provide you with the services or products for which you've applied. If you selected 'Option 1 – Passport or Australian Driver Licence' as the method of ID in this form the following applies to you:
 - a. 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 identity is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)*.
 - b. I/We consent to having my personal details and identification documents matched to information held by the issuer or official record holder via third party systems.
 - c. I/We understand that my 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.

- d. As part of the electronic identification process, I/We permit these external organisations to record, use and disclose my information in accordance with their own privacy policies and legal obligations. I/We understand that the Participant and its outsourced providers will access records held about me by these external organisations only for the purpose of matching the identifying information I/We have chosen to provide.
- e. I/We consent to providing my name, address and date of birth to selected credit reporting agencies to match this information against their records.
- f. 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 (Cth)*.

You do not have to consent to electronic verification. If you do not want to have your identification verified electronically, please contact us for alternative options of confirming your identity.

For electronic signatures only

I/We agree that if I/we choose to execute this document which is required by the Participant, utilising DocuSign, I/we acknowledge that:

- a. I/we are signing this application form electronically and that my/our electronic signature is equivalent to my/our 'wet ink' signature;
- b. I/we are legally bound to the terms and conditions of this form; and
- c. I/we confirm that my/our electronic signature is valid and that I/we are authorised to enter into the relevant agreement with the Participant as described in this form.

Additional Authority 1

First name	Middle name/s
<input type="text"/>	<input type="text"/>
Surname	Date – DD/MM/YYYY
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature – Must be signed pen to paper with the exception of using DocuSign	
<input type="text"/>	

Additional Authority 2 – If applicable

First name	Middle name/s
<input type="text"/>	<input type="text"/>
Surname	Date – DD/MM/YYYY
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature – Must be signed pen to paper with the exception of using DocuSign	
<input type="text"/>	

Explanatory Notes

1. Source of Funds and Source of Wealth

Source of Funds:

The origin and the means of transfer of the Fund to service the new product (e.g., salary/wages, business income)

- Salary/Wages
- Commission
- Bonus
- Business income/earnings
- Business Profits
- Rental income
- Superannuation/pension
- Loan
- Insurance payment
- Compensation payment
- Government benefits
- Sales of an asset
- Liquidation of assets
- Redundancy
- Inheritance
- Gift/Donation
- Windfall
- Tax refund
- Additional Sources (provide sources)

Source of Wealth:

The origin of your financial standing or total net worth (e.g., how you have generated your wealth)

- Business income/earnings
- Business profits
- Compensation payment
- Employment income/earnings
- Gift/donation
- Government benefits
- Inheritance
- Insurance payment
- Investment income/earnings
- Liquidation of assets
- Owns real estate/property
- Redundancy
- Refused to answer
- Rental income
- Sale of assets
- Superannuation/pension
- Windfall
- Additional Sources (provide sources)

2. Identification requirements

If you are a tax resident of another country, you will be asked for your Tax Identification Number (TIN) issued to you in that country, if you have one.

TIN is an international term which may have a different name in some countries.

A compilation of links to information about TINs for many countries can be found here: <http://www.oecd.org/> Examples are Tax File Number (TFN) in Australia, Social Insurance Number (SIN) in Canada, Unique Taxpayer Reference (UTR) or National Insurance Number (NINO) in United Kingdom, Permanent Account Number (PAN) in India, IRD Number in New Zealand and Tax Reference Number (TRN) in Malaysia.

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How to submit your documents

Clients

Please provide your completed and signed form with relevant supporting documents to your adviser.

If you are required to send Original Certified Copies of documents please send via post to:

📍 **AUSIEX, Locked Bag 3005, Australia Square NSW 1215**

Advisers

Lodge this form and all supporting documents
ausiex.com.au > Administration > eSubmit



☎ 1800 252 351 ✉ service@ausiex.com.au 🌐 ausiex.com.au