

## Appointing an Authorised Person

March 2021

This form is to be used by both JBWere Limited (ABN 68 137 978 360, AFSL No. 341162) and WealthHub Securities Limited (ABN 83 089 718 249, AFSL No. 230704).

An Authorised Person is someone who can give trading instructions to or obtain information from JBWere Limited and WealthHub Securities on the account below.

### Your details

Please provide your Account details

JBWere Investor Number

JBWere Account Name

### Authorised Person

Authorised person must complete this section

Title

Mr  Mrs  Miss  Ms  Other (please specify)

First name(s)

Surname

Residential address

State

Postcode

Phone number

Relationship to Account holder

Email

Date of birth (DD/MM/YYYY)

Mailing address (if different to above - can be a PO Box)

Signature of Authorised Person – to be signed by the person being nominated as an Authorised Person. By signing below, I, the Authorised Person named above, acknowledge that:

- the information collected by JBWere in this form is being used for the purposes of my appointment as an Authorised Person in relation to the account nominated on this form. I understand that I may not be able to be appointed as an Authorised Person if this information is not provided;
- personal information provided on this form will be collected, used and disclosed by JBWere and other members of the NAB Group in accordance with the JBWere Privacy Policy and Privacy Notification, which are available at [www.jbwere.com/general/privacy](http://www.jbwere.com/general/privacy); and
- I will access JBWere’s Privacy Policy and Privacy Notification, and can also request a copy from the Privacy Officer, JBWere Limited, Level 16, 101 Collins Street, Melbourne, VIC 3000.

Signature

Date signed (DD/MM/YYYY)

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## Identification requirements

The Authorised Person below must provide their identification which can include certified copies of either their:

- Driver’s licence

## Account holder declaration

I/We would like copies of contract notes relating to the Account to be sent to the Authorised Person by:

Email    or     Post

## Instructions for signing this form

Type of Account holder	Signature(s) required	Capacity
Individual and joint individual holder(s)	All Account holders	Tick “Individual”
Individual(s) acting in the capacity as trustee(s) of a trust	All trustees	Tick “Individual Trustee”
Company	<ul style="list-style-type: none"> <li>two directors;</li> <li>a director and a company secretary;</li> <li>a sole director (who is also the sole company secretary); or</li> <li>a duly authorised representative(s) of the company</li> </ul>	Tick “Director”, “Sole director and sole secretary”, “Company secretary” or “Other” and specify capacity as applicable
Company acting in the capacity as trustee of a trust	As above	As above
Any other entity	The authorised office holders	Tick as applicable and specify capacity

- If signed under Power of Attorney, Attorneys must attach a current certified copy of the Power of Attorney and current certified copy of 100 points of ID for each Attorney if not already supplied (Power of Attorney documents cannot be accepted by fax or email). The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

## Information complete and correct

I/We confirm that all information provided by me/us is true and correct

### 1st Individual

Capacity

Individual (personal)  Individual (trustee)  Director  Sole director and sole secretary

Chairperson / Secretary / Treasurer  Other (please specify)  Other (please specify)

Signed by: Full name

Signature

Date signed (DD/MM/YYYY)

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### 2nd Individual

Capacity

Individual (personal)  Individual (trustee)  Director  Company secretary

Chairperson / Secretary / Treasurer  Partner  Other (please specify)

Signed by: Full name

Signature

Date signed (DD/MM/YYYY)

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### 3rd Individual

Capacity

Individual (personal)  Individual (trustee)  Director  Company secretary

Chairperson / Secretary / Treasurer  Partner  Other (please specify)

Signed by: Full name

Signature

Date signed (DD/MM/YYYY)

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Please return completed form to: JBWere Investor Services, Reply Paid 4595, Melbourne VIC 8060 .

Issued by JBWere Limited ABN 68 137 978 360, AFSL 341162 and WealthHub Securities Limited ABN 83 089 718 249, AFSL 230704