# **JBWere**

# **Cash Account Facilities Form**

March 2021

### Complete this form to:

- nominate an external account to which the proceeds of a withdrawal from the amounts held for you in the JBWere Cash Account will be directed;
- instruct us to make periodic payments from the amounts held for you in the JBWere Cash Account to a nominated account or BPAY® biller;
- settle securities transactions arranged through JBWere (or another party approved by JBWere) by making withdrawals from or deposits to the amounts held for you in the JBWere Cash Account; or
- appoint additional signatories as your agents to withdraw amounts and make payments from the amounts held for you in the JBWere Cash Account.

You should complete section 1 and any specific sections of this form that relate to the facilities you wish to add or amend. 1. Your details Account name Investor number 2. Account nomination details Complete this section to nominate an Australian bank account, Financial institution account, or BPAY biller and reference code where withdrawals from your JBWere Cash Account will be paid to. By completing the below you authorise and direct JBWere to credit the account or BPAY payee listed below with any withdrawals from your JBWere Cash Account. I acknowledge that JBWere will not contact me to verify any future payments to the account or payee nominated in this section. 1st account nomination Provide either details of an account with an Australian bank account or Financial institution account: Name of financial institution BSB (branch number) Account name (e.g. Peter Alfred Brown, Brown Pty Ltd, Metro Soccer Club Inc.) Account number Reference Or Provide details of a BPAY biller and biller reference number: Biller nickname Biller code Biller reference 2nd account nomination Provide either details of an account with an Australian bank account or Financial institution account: Name of financial institution BSB (branch number) Account name (e.g. Peter Alfred Brown, Brown Pty Ltd, Metro Soccer Club Inc.) Account number Reference Or Provide details of a BPAY biller and biller reference number: Biller nickname

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Biller code

Biller reference

3. Periodic payment in Please select one of the follows:			payment							
New	Ameno	lment	Cancel	Cancellation						
To action your request plea	se provide the	following inform	nation:							
Current payment amount	\$		New	payment a	mount \$	3				
Commencement date (DD/N	MM/YYYY)									
Termination date (DD/MM/Y	YYY)				No end	date at	this time			
How often would you like pa	ayments to be	made?								
Weekly	Fortnig	htly	Monthl	y	Qua	rterly		Anr	nually	y
If you do not make a selection	on, payments w	vill be made mon	thly.							
If the date of your payment payment made before or af			ncluding weel	cends and p	oublic hol	idays) w	ould you	like th	те	
Before	After									
If you do not make a selection	on, payments w	vill be made befo	rehand.							
Periodic payment account Please provide details of the Provide either details of an a	e account to be	credited (must l					institutio	n acc	ount)	)
If you like to nominate the sa	ame account as	s in section 2, ple	ease tick							
1st account nomination	on 2	nd account nom	ination							
Name of financial institution	1				BSI	3 (brancl	h number	·)		
Account name (e.g. Peter Alfred Brown, Brown Pty Ltd, Metro Soccer Club Inc.)					Aco	count nu	ımber		$\overline{}$	
Reference										
Or										
Provide details of a BPAY bille	er and biller ref	erence number:								
Biller nickname										
Biller code		Biller reference	e							
									$\Box$	$\Box$

# 4. Settlement Authority Complete this section to provide your authority for other JBWere accounts to settle securities transactions in your JBWere Cash Account as listed in section 1. If you use an account other than your JBWere Cash Account to settle transactions, it must be in your name. Would you like more than one securities transaction account to be covered by this authority? Yes No If you do not make a selection, it is assumed to be a 'no' response. Payments to or from a 3rd party account are not permitted. Please provide your securities transaction account details. If any of the accounts below are not held in your name, then the relevant account owners will need to sign here: Account 1 Account name Account number 1st Signatory Full name Signature Date signed (DD/MM/YYYY) 2nd Signatory Full name Signature Date signed (DD/MM/YYYY) **3rd Signatory**

Date signed (DD/MM/YYYY)

Full name

Signature

# Account name Account number Ist Signatory Full name Signature Date signed (DD/MM/YYYY) Pull name Signature Joan Signatory Full name Signature Signature Joan Signatory Full name Signature Joan Signatory Full name

Date signed (DD/MM/YYYY)

Signature

# 5. Additional signatories and JBWere Portal access

Additional signatories must complete this section

Complete this section if:

- you wish to appoint additional signatories as your agent to provide instructions (including payment and withdrawal requests) in relation to the amounts held for you in the JBWere Cash Account through the JBWere IDPS; or
- you, and any additional signatories you may have authorised above, wish to view account information, receive electronic statements and make payments (including BPAY payments) from the amounts held for you in the JBWere Cash Account, using the JBWere Portal.

You should be aware that if you appoint any additional signatory as your agent, and when any instructions in relation to any holdings in the JBWere Cash Account through your JBWere IDPS Account are provided to us by any signatory authorised by you, those instructions will be treated as if you had given them to us directly.

If you are an additional signatory who has not had dealings with JBWere, you may need to provide additional identification. We will ask for this information if we do not already have it. I instruct JBWere to accept instructions from the additional signatories set out in this form in relation the amounts held for me in the JBWere Cash Account through my JBWere IDPS Account as if I had given those instructions directly (including, without limitation, to make written withdrawal and payment requests in accordance with the JBWere Cash Account Terms of Facilities). I appoint those additional signatories as my agent and authorise them to give to JBWere on my behalf any instructions that I am able give in relation to the amounts held for me in the JBWere Cash Account through my JBWere IDPS Account. 1st Individual Full name Date of birth (DD/MM/YYYY) Residential address Suburb State Postcode Country Mobile Email address Signature Date signed (DD/MM/YYYY) 2nd Individual Date of birth (DD/MM/YYYY) Full name Residential address Suburb Postcode State Country Mobile **Email address** Signature Date signed (DD/MM/YYYY)

3rd Individual						
Full name	Date o	of bi	irth (D[	D/MM/	YYYY	Y)
Residential address						
Suburb State Postcode		C	Countr	У		
Mobile Email address						
Signature	Date s	sign	ed (DE	)/MM/	YYY	Y)
Authorised signatories		•			·	
Please note: if you are using the JBWere Portal to transact on your JBWere Cash Account, it is authorised for the transaction to occur.  Would you like all signatories to sign when making a written withdrawal?	assum	ned t	that all	signa	torie	es have
For joint individuals						
No Either of you can sign written withdrawals instructions individually and bir transactions made on the account.  Yes	nd the	oth	er(s) to	any		
If you do not make a selection, it is assumed to be a 'no' response.						
For Company/Incorporated Association/Club						
No  Any one signatory to sign. Either of you can sign written withdrawal individually and bind the other(s) to any transactions made on the Any two signatories to sign?			ions			
Other? Please specify						

If you do not make a selection, it is assumed all signatories must sign.

# 6. Identification requirements

All signatories to this account (including additional signatories) will need to provide certified identification which can include certified copies of either their:

· Passport or Drivers Licence

### How is a document certified?

A document can be certified by one of the persons listed below inspecting the original document and then signing, and writing on the copy 'I certify this document to be a true copy of the original as sighted by me'. The certifier must indicate in which capacity the document is certified. The certifier must print their name, registration number (where applicable), and date of certification.

### Who can certify a document?

A document can be certified by any of the people identified below:

- · a chiropractor;
- · a dentist;
- · a medical practitioner;
- · a nurse;
- · an optometrist;
- · a pharmacist;
- · a physiotherapist;
- · a psychologist;
- · a veterinary surgeon;
- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia as a legal practitioner (however described);
- · a judge of a court;
- · a magistrate;
- · a chief executive officer of a Commonwealth court;
- · a registrar or deputy registrar of a court;
- · a Justice of the Peace;
- a person in a foreign country who is authorised by law in that jurisdiction, to administer oaths or affirmations or to authenticate documents;

- · a police officer;
- an agent of the Australian Postal Corporation who is in charge of supplying postal services to the public;
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public;
- an Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955);
- a finance company officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declarations Regulations 2018); or
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants;
- any other person who, under a law in force in a State or Territory, is currently licensed or registered to practise in an occupation listed in Part 1 of Schedule 2 of the Statutory Declaration Regulations 2018 or a person outlined in Part 2 of Schedule 2 of the Statutory Declaration Regulations 2018.

## Applicant acknowledgement for Settlement Authority

By signing this form I:

- have received, read and understood this form, the current JBWere Multi-Asset Platform Guide (Part 1 "Service Guide" and Part 2 – "Fees and other costs Guide"), the Core Terms and Conditions, the Investment Menu, the JBWere Cash Account Terms of Facilitates, and the JBWere Multi-Asset Platform Financial Services Guide; and
- · declare that I am over 18 years of age.

### Applicant declaration

I hereby declare that the additional signatories appearing in section 5 are authorised to provide instructions on this account in accordance with my instructions in section 5.

# Applicant signature

Instructions for signing this form:

- If the account is in joint names, all account holders must sign this form.
- If the applicant is a Company, this form must be signed by:
  - two directors;
  - a director and a company secretary;
  - a sole director (who is also the sole company secretary); or
  - a duly authorised representative(s) of the company (a current certified copy of the authority to sign on behalf of the company must be attached to this form).
- If the applicant is an Incorporated Association, this form must be signed by the authorised office bearers and a current certified copy of the Incorporated Association's Constitution or Rules must be attached to this form.
- If signed under Power of Attorney, Attorneys must attach a current certified copy of the Power of Attorney if not already supplied (Power of Attorney documents cannot be accepted by fax). 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.

1st Individual	
Capacity	
Individual Director Sole Director and Sole Se	ecretary Individual trustee
Duly authorised representative (attach authority)  Other (please specify)	
Signed by: Full name	Date of birth (DD/MM/YYYY)
Signature	Date signed (DD/MM/YYYY)
2nd Individual Capacity	
Individual Director Sole Director and Sole Se	ecretary Individual trustee
Duly authorised representative (attach authority)  Other (please specify)	
Signed by: Full name	Date of birth (DD/MM/YYYY)
Signature	
	Date signed (DD/MM/YYYY)

Capacity		
Individual Director	Sole Director and Sole Se	cretary Individual trustee
Duly authorised representative (attach authority)	Other (please specify)	
Signed by: Full name		Date of birth (DD/MM/YYYY)
Signature		Data size at (DD/MMM/VVVVV)
		Date signed (DD/MM/YYYY)

# **Privacy**

I acknowledge that:

3rd Individual

- JBWere collects and holds my personal information for the purposes of providing me with products and services, and in circumstances where the collection of that information is required by law. If I do not provide my personal information, I may not be able to receive products or services;
- JBWere is part of the NAB Group, and may disclose my personal information to others both within and outside the NAB Group;
- Further details about how my personal information is collected, used, disclosed and handled is set out in JBWere's full Privacy Notification and Privacy Policy, which include information on how I may access or correct my personal information, the countries to which my personal information may be sent, and how I may make a complaint about a privacy issue; and
- · I have read the Privacy Policy and full Privacy Notification, which are available at jbwere.com.au/general/privacy

# Corporate directory

You can contact JBWere using the details below.

### Melbourne

Level 16, 101 Collins Street Melbourne Vic 3000 Telephone: +61 3 9906 5000

Fax: 1300 798 149

### Sydney

Level 42, Governor Phillip Tower 1 Farrer Place Sydney NSW 2000 Telephone: +61 2 9325 2600 Fax: 1300 307 307

### Adelaide

Level 6, 22 King William Street Adelaide SA 5000 Telephone: +61 8 8407 1111 Fax: +61 8 8407 1112

### Brisbane

Level 34, Riverside Centre 123 Eagle Street Brisbane Qld 4000 Telephone: +61 7 3258 1111 Fax: +61 7 3258 1112

### Canberra

Level 3, 60 Marcus Clarke Street Canberra ACT 2600 Telephone: +61 2 6218 2000 Fax: +61 2 6218 2001

### Perth

Level 14, 100 St Georges Terrace Perth WA 6000 Telephone: +61 8 9212 7900 Fax: +61 8 9212 7999