

JBWere Multi-Asset Platform

JBWere Cash Account Facilities Form

23 March 2020

JBWere

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.

® Registered to BPAY Pty Ltd ABN 69 079 137 518

This form is issued by:
JBWere Limited (JBWere)

ABN 68 137 978 360, AFSL 341162

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

Biller code

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Biller reference

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

3. Periodic payment instructions

Please select one of the following options for your periodic payment

New Amendment Cancellation

To action your request please provide the following information:

Current payment amount \$ New payment amount \$

Commencement date (DD/MM/YYYY)

Termination date (DD/MM/YYYY) No end date at this time

How often would you like payments to be made?

Weekly Fortnightly Monthly Quarterly Annually

If you do not make a selection, payments will be made monthly.

If the date of your payment falls on a non-business day (including weekends and public holidays) would you like the payment made before or after the non-business day?

Before After

If you do not make a selection, payments will be made beforehand.

Periodic payment account nomination details

Please provide details of the account to be credited (must be an Australian bank account or Financial institution account)

Provide **either** details of an account with an Australian bank account or Financial institution account:

If you like to nominate the same account as in section 2, please tick 1st account nomination 2nd account nomination

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:

If you like to nominate the same BPAY biller and biller reference number as section 2, please tick 1st account nomination 2nd account nomination

Biller nickname

Biller code

Biller reference

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

| | | | | | | | |
|---|--------------------------|--|--|--|--|--|--|
| X | Date signed (DD/MM/YYYY) | | | | | | |
| | | | | | | | |

2nd Signatory

Full name

Signature

| | | | | | | | |
|---|--------------------------|--|--|--|--|--|--|
| X | Date signed (DD/MM/YYYY) | | | | | | |
| | | | | | | | |

3rd Signatory

Full name

Signature

| | | | | | | | |
|---|--------------------------|--|--|--|--|--|--|
| X | Date signed (DD/MM/YYYY) | | | | | | |
| | | | | | | | |

Account 2

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

Full name

Signature

| | | | | | | | | | | | | |
|---|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
|  | Date signed (DD/MM/YYYY) | | | | | | | | | | | |
| | | | | | | | | | | | | |

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 to 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 to 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

Full name

Date of birth (DD/MM/YYYY)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Residential address

Suburb

State

Postcode

Country

| | | |
|--|--|--|
| | | |
|--|--|--|

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Mobile

Email address

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Signature

| | | | | | | | | |
|---|--------------------------|--|--|--|--|--|--|--|
|  | Date signed (DD/MM/YYYY) | | | | | | | |
| | | | | | | | | |

3rd Individual

Full name

Date of birth (DD/MM/YYYY)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Residential address

Suburb

State

| | | |
|--|--|--|
| | | |
|--|--|--|

Postcode

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Country

Mobile

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Email address

Signature

| | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|
|  | Date signed (DD/MM/YYYY) | | | | | | | | | | |
| | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | |

Authorised signatories

Please note: if you are using the JBWere Portal to transact on your JBWere Cash Account, it is assumed that all signatories have authorised for the transaction to occur.

Would you like all signatories to sign when making a written withdrawal?

For joint individuals

No

Either of you can sign written withdrawals instructions individually and bind the other(s) to any transactions made on the account.

Yes

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 withdrawals instructions individually and bind the other(s) to any transactions made on the account.

Any two signatories to sign?

Other? Please specify

Yes

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 100 points of current certified identification (please refer to the Client Identification.)

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:
 - o two directors;
 - o a director and a company secretary;
 - o a sole director (who is also the sole company secretary); or
 - o 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 secretary
 Individual trustee
 Duly authorised representative (attach authority)
 Other (please specify)

Signed by: Full name

Date of birth (DD/MM/YYYY)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Signature

| | |
|---|--|
| X | |
|---|--|

Date signed (DD/MM/YYYY)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

2nd Individual

Capacity

Individual
 Director
 Sole director and sole secretary
 Individual trustee
 Duly authorised representative (attach authority)
 Other (please specify)

Signed by: Full name

Date of birth (DD/MM/YYYY)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Signature

| | |
|---|--|
| X | |
|---|--|

Date signed (DD/MM/YYYY)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

3rd Individual

Capacity

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Director | <input type="checkbox"/> Sole director and sole secretary | <input type="checkbox"/> Individual trustee |
| <input type="checkbox"/> Duly authorised representative (attach authority) | <input type="checkbox"/> Other (please specify) | <input type="text"/> | |

Signed by: Full name

Date of birth (DD/MM/YYYY)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Signature

Date signed (DD/MM/YYYY)

| |
|---|
| X |
|---|

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Privacy

I acknowledge that:

- 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 11, 100 St Georges Terrace
Perth WA 6000

Telephone: +61 8 9212 7900

Fax: +61 8 9212 7999