

Authorised Operator Form



Account name: Account number:

A. APPOINTMENT OF YOUR FINANCIAL ADVISER

Full access

If you open your account through your financial adviser, they are automatically authorised as a Limited Access Authorised Operator on your account. You can use this form to increase the level of their authority by appointing them as a Full Access Authorised Operator.

Would you like to appoint your financial adviser whose stamp appears on this form, and their partners, officers, employees, agents and service providers to have Full Access Authorised Operator status on your account?

- Yes, I/We do wish to appoint my/our financial adviser whose stamp appears on this form to operate this account through their partners, officers, employees, agents and service providers.
- No, I/We DO NOT wish to appoint my/our financial adviser to operate this account.

Modify access

- Please change my financial adviser/dealer group whose stamp appears on this form to be a Limited Access Authorised Operator.

Delete access

- Please cancel the authority of my financial adviser/dealer group

Please note: Cancelling financial adviser authority means they will no longer be noted on your account.

B. APPOINTMENT OF OTHER AUTHORISED OPERATORS

Individuals not residing in Australia and foreign companies may be required to provide additional Know Your Customer information.

Please call 1800 224 124 or +618 8300 6111 (if from overseas) for assistance.

If you would like to appoint an alternative person as an authorised operator on your account, please complete all of the following details:

AUTHORISED OPERATOR 1

Please tick applicable box (✓) Add Modify Delete

Title: First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

Contact number: Date of birth: / /

Please tick (✓) required operator access level
 Full Authorised Operator Limited Authorised Operator

Signature of Authorised Operator 1:

AUTHORISED OPERATOR 2

Please tick applicable box (✓) Add Modify Delete

Title: First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

Contact number: Date of birth: / /

Please tick (✓) required operator access level
 Full Authorised Operator Limited Authorised Operator

Signature of Authorised Operator 2:

APPOINTMENT OF CORPORATE ENTITY AS A LIMITED ACCESS AUTHORISED OPERATOR

If you would like to appoint a corporate entity as a Limited Access Authorised Operator to this account please complete this section:

Corporate Entity name: ACN:

Address:

Postcode:

Contact number: (Limited access option only - Code 11)
 Duplicate statement required

ESTATE OF THE LATE ACCOUNTS ONLY - FULL ACCESS OPERATOR APPOINTMENT

Yes, I/we authorise my/our financial adviser/broker whose stamp appears on this form to act as my/our agent and to be appointed as a Full Access Authorised Operator on this account. **I/We also acknowledge that by appointing an agent that I/we will no longer have access to this account.**

Please note, all executors must sign this form and will be removed from the account. All future requests must be facilitated via the appointed agent.

C. ACCOUNT OPERATING AUTHORITY

Please indicate how you wish to operate your account: Any one of us to sign
 All of us to sign

If you select 'any one of us to sign', each of you (including any person you appoint as an authorised operator) will be able to transact on or otherwise operate your account independently of the others.

If you select 'all of us to sign', you will not be able to operate your account without the written authority of all account holders. You can change the account operating authority at any time by written request signed by all account holders.

If you do not select an option we will assume that 'any one of us to sign' option will apply.

D. ADDITIONAL CHEQUE BOOK/CARD FACILITY

If you require a cheque and/or Cashcard facility please complete the following details.

Cheque facility 35 cheques 75 cheques

Cashcard facility

Authorised Operator 1

Name to appear on Cashcard:

Mother's maiden name (for security/identification purposes):

Authorised Operator 2

Name to appear on Cashcard:

Mother's maiden name (for security/identification purposes):

(If there are more than two applicants please attach details separately)

E. DECLARATION AND ACKNOWLEDGEMENT

You should read and understand the Adelaide Cash Management Account Product Guide. In particular, your attention is drawn to the section titled "Giving someone access to your account".

I/We the undersigned:

1. Authorise each authorised operator in this form to operate my/our account subject to the level of access specified for each operator in section A and B and the instructions I/we have provided in section C of this form;
2. Understand that a Full Access Authorised Operator can at any time request additional transaction services such as (but not limited to) a card and cheque book;
3. Understand that any such appointment of a Full Access Authorised Operator or Limited Access Authorised Operator continues until I/we cancel the appointment by giving notice in writing to Bendigo and Adelaide Bank Limited; and
4. Acknowledge that where I/we have asked Bendigo and Adelaide Bank Limited to delete or modify an Authorised Operator's access that this instruction supersedes any prior instruction.

CUSTOMER 1

Name:

Corporate title (if applicable):

Signature:

Date:

CUSTOMER 2

Name:

Corporate title (if applicable):

Signature:

Date:

F. ADVISER USE ONLY

Adviser name:

Firm name:

Dealer group: State:

Broker code: Client reference no:

Adviser Stamp

By signing this section, I acknowledge and confirm that I have identified the customer(s) in accordance with the applicable 'Know Your Customer' requirements.

Signature:

[OFFICE USE ONLY]

Investment number: Signature verified: Yes No Scan number: