

Term Deposit Hub Application



OneVue UMA
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W www.onevue.moneymarket.com.au

Existing OneVue UMA Account No:

Adviser's Stamp

Adviser Code:

Adviser Name:

Adviser Firm:

Commission Rate:

 %

Account Name

Investor Type

Applicant 1

Title

Position

First name

Surname

Date of birth

Tax File Number

or Exemption

Applicant 2

Title

Position

First name

Surname

Date of birth

Tax File Number

or Exemption

Applicant 3

Title

Position

First name

Surname

Date of birth

Tax File Number

or Exemption

Company or Organisation Name (including Trustee Company)

ABN/ACN

Full name of trust

Tax File Number

Account Designation (if applicable)



ABN 32 009 656 740
AFS License No: 244616



ABN 28 010 639 219
AFS License No: 226319



Residential Address

Street Address

Suburb State Postcode

Country

Contact Details (For Office Use Only)

Contact Name

Work Phone Fax

Email Address

Postal Address If the same as above, please tick this box

Firm (if applicable)

Postal Address

Suburb State Postcode

Initial Deposit

Initial Deposit Cash Deposit Method

Please debit my Cash Management Account / Bank Account referred to in the Direct Debit Request details below.

Linked Bank Account Details - DIRECT CREDITS ONLY

If you wish to allow for direct credits into your UMA bank account, please provide Macquarie CMA details below. If you would also like to authorise Australian MoneyMarket to affect Direct Debits from this account, please fill in the DIRECT DEBIT REQUEST FORM on page 4.

Account Name

BSB Account Number

Bank / Financial Institution Branch

Initial Amount

Adviser Authority and Signature(s)

If you would like to give access to your Australian MoneyMarket (AMM) account to your financial adviser or stockbroker so that they can give instructions on your behalf, please arrange for them to sign below.

I declare that I have obtained the identification records of the below Applicant(s) and carried out the appropriate verification procedures in accordance with the IFSA/FPA Industry Guidance Note and am reasonably satisfied as to the identity of the Applicant. Copies of the identification will be provided as part of this application.

Signature/s Date

Name of Firm

When you give access to your financial adviser or stockbroker, and that financial adviser or stockbroker is a company or firm, you agree that we may accept instructions from any relevant authorised officer of the financial adviser or stockbroker noted with AMM, DDH Graham Limited or Bank of Queensland from time to time.

Authority to Act

I/We, the undersigned, do hereby grant a limited power of attorney to Australian MoneyMarket Pty Ltd to have full power and authority to undertake and perform the following on my/our behalf:

- i. apply for and open new bank accounts with any chosen financial institution, or any other investments;
- ii. authorise for direct debit payments to be acted upon by any chosen institution in order to transfer funds in relation to new or existing bank accounts
- ii. instruct in relation to rollovers, maturities, transfer requests of existing investments;
- iii. advise of changes to my/ our contact details as advised from time to time;
- iv. notify my/ our TFN(s) or Exemption(s) in respect of any existing investment(s) and or new purchase(s) made on my/our behalf.

I/We understand that AMM will provide me/us with a copy of the relevant terms and conditions relating to any account which AMM proposes to open in my/our name prior to the account being opened. I/We am aware that I/we must read and understand those terms and conditions and contact AMM if I/we do not agree to be bound by them.

This authority is given only to act as per instructions given by me/us via the AMM website or by any other means of documented instruction, or received by my/our adviser listed above (if applicable).

Australian MoneyMarket Pty Ltd agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as he in his discretion deems advisable. This power of attorney may be revoked by me/us at any time, provided any person relying on this power of attorney shall have full rights to accept the authority of my solicitor until in receipt of actual notice of revocation.

Signatures

I/We declare that the information provided in this document is true and correct and that I/we are authorised to sign this document on behalf of the account holder.

By signing this form, each Authorised Signatory acknowledges they have received read and understood the terms and conditions of AMM and agree to be bound by them.

- I/We authorise DDH Graham Limited, in its capacity as agent of the Bank of Queensland Limited, to perform those functions, powers and actions set out in those terms and conditions.
- I/we consent to Australian MoneyMarket Pty Ltd, DDH Graham Limited or the Bank of Queensland Limited recording our telephone calls to them pursuant to those terms and conditions.

Signature - Investor 1/Trustee 1/Director/Sole Director
(Please circle)

Please print name

Date

Signature - Investor 2/Trustee 2/Director/Secretary
(Please circle)

Please print name

Date

Signature - Director 3 / Trustee / Member (please circle)

Please print name

Date

**DDH GRAHAM LIMITED
DIRECT DEBIT REQUEST FORM**

Account Name

I/We request and authorise DDH Graham Limited ABN 28 010 639 219 (User Id Number 346713) to arrange, through its own financial institution, for any amount to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User for credit of my Bank of Queensland Money Market Deposit Account, subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instruction provided below.

Macquarie CMA

Account Name

BSB

Account Number

Initial Amount

Payment Details



I/We request DDH Graham Limited ABN 28 010 639 219 to draw the following initial investment amount from my/our account as nominated above.



I/We authorise DDH Graham Limited ABN 28 010 639 219 to draw any subsequent amount as requested through my login with moneymarket.com.au or otherwise instructed via Australian MoneyMarket Pty Ltd.

Acknowledgement and Signatures

By signing the Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and DDH Graham Limited as set out in this Request and in your Direct Debit Request Service Agreement.

Signature - Investor 1/Trustee 1/Director/Sole Director
(Please circle)

Please print name

Date

Signature - Investor 2/Trustee 2/Director/Secretary
(Please circle)

Please print name

Date

Signature - Director 3 / Trustee / Member (please circle)

Please print name

Date

