



New Account Pack - Retail Clients

Booklet 2

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Booklet 2 - Part A Client to return this booklet to Euroz

It is a condition of establishing an account with Euroz that all documents contained in this section (those with a RED edge) MUST be completed and returned to Euroz. Failure to do this will prevent your account from being opened.

Section	1: INDIVIDUALS	RED
	1A: Individuals - Client ID Procedure	
	1B: Individuals - Applicant Information	
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Section 1A. INDIVIDUALS - Client Identification Procedure

Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act)

INSTRUCTIONS FOR VERIFICATION OF KYC INFORMATION - INDIVIDUALS

Clients must verify their FULL NAME and their DATE OF BIRTH and RESIDENTIAL ADDRESS using:

AN ORIGINAL OR CERTIFIED COPY OF A PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENT

- A licence or permit issued under a law of State or Territory or equivalent authority of a foreign country for the purpose of driving a vehicle that contains a photograph of the person in whose name the document is issued.*
- A passport issued by the Commonwealth
- A passport or a similar document issued for the purpose of international travel, that:
 - (a) Contains a photograph and the signature of the person in whose name the document is issued;
 - (b) Is issued by a foreign government, the United Nations or an agency of the United Nations; and
 - (c) If it is written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator.
- A card issued under a law of State or Territory for the purpose of proving the person's age which contains a photograph of the person in whose name the document is issued.
- A national identity card issued for the purpose of identification, that:
 - (a) Contains a photograph and the signature of the person in whose name the document is issued;
 - (b) Is issued by a foreign government, the United Nations or an agency of the United Nations; and
 - (c) If it is written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator.

* Drivers licence must show current residential address. If not, please supply a secondary document as per page 5.

OR

See facing page.

Section 1A. INDIVIDUALS - Client Identification Procedure

AN ORIGINAL OR CERTIFIED COPY OF A PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENT

- A birth certificate or birth extract issued by the State or Territory;
- A citizenship certificate issued by the Commonwealth;
- A citizenship certificate issued by a foreign government that, if it is written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator;
- A birth certificate issued by a foreign government, the United Nations or an agency of the United Nations that, if it is written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator.
- A pension card issued by Centrelink that entitles the person in whose name the card is issued, to financial benefits.

AND

AN ORIGINAL OR CERTIFIED COPY OF A SECONDARY IDENTIFICATION DOCUMENT

- A notice that:
 - (a) was issued to an individual by the Commonwealth, a State or Territory within the preceding twelve months;
 - (b) contains the name of the individual and his or her residential address, and;
 - (c) records the provision of the financial benefits to the individual under a law of the Commonwealth, State or Territory (as the case may be);
- A notice that:
 - (a) was issued to an individual by the Australian Taxation Office within the preceding twelve months;
 - (b) contains the name of the individual and his or her residential address; and
 - (c) records a debt payable to or by the individual by or to (respectively) the Commonwealth under the Commonwealth law relating to taxation;
- A notice that:
 - (a) was issued to an individual by the local government body or utilities provider within the preceding three months;
 - (b) contains the name of the individual and his or her residential address; and
 - (c) records the provision of services by that local government body or utilities provider to that address or to that person;

In relation to a person under the age of 18, a notice that:

- (a) was issued to a person by a school principal within the preceding three months;
- (b) contains the name of the person and his or her residential address; and
- (c) records the period of time that the person attended at the school.

Section 2A. COMPANIES (Domestic) - Client Identification Procedure

Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act)

INSTRUCTIONS FOR VERIFICATION OF KYC INFORMATION – DOMESTIC COMPANIES

Clients must verify:

1. their FULL NAME as registered by ASIC
2. their FULL ADDRESS of REGISTERED OFFICE
3. their FULL ADDRESS of PRINCIPAL PLACE OF BUSINESS (if any)
4. their AUSTRALIAN COMPANY NUMBER (ACN)
5. whether the company is listed by ASIC as a proprietary or public company

A CERTIFICATE OR SIMILAR DOCUMENT NOTICE, WHICH CONTAINS THE REGISTERED COMPANY NAME AND FULL ADDRESS:

- Tax File Number Advice issued from the Australian Taxation Office
 - Australian Business Register notice issued from the Australian Taxation Office
 - Australian Company Number issued from the Australian Taxation Office
 - Share Certificate
6. the FULL NAME, DATE OF BIRTH or RESIDENTIAL ADDRESS of each director of the company if the company is registered as a proprietary company using:

AN ORIGINAL CERTIFIED COPY OF A PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENT (as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

OR

AN ORIGINAL CERTIFIED COPY OF A PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENT (as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

AND

AN ORIGINAL CERTIFIED COPY OF A SECONDARY IDENTIFICATION DOCUMENT (as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

Section 2A. COMPANIES (Registered Foreign Companies) Client Identification Procedure

Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act)

INSTRUCTIONS FOR VERIFICATION OF KYC INFORMATION – REGISTERED FOREIGN COMPANIES

Clients must verify:

1. FULL NAME as registered by ASIC
2. FULL ADDRESS of REGISTERED OFFICE in AUSTRALIA
3. FULL ADDRESS of PRINCIPAL PLACE OF BUSINESS in AUSTRALIA (if any) or
4. FULL NAME and ADDRESS of the COMPANIES LOCAL AGENT in AUSTRALIA (if any)
5. AUSTRALIAN REGISTERED BODY NUMBER (ARBN)
6. Country in which the company was formed, incorporated or registered
7. whether the company is registered by the relevant foreign registration body and if so, whether it is registered as a private or public company or some other type of company using:

AN ORIGINAL CERTIFIED COPY OF CERTIFICATE OF REGISTRATION AS A FOREIGN COMPANY ISSUED BY ASIC; AND

AN ORIGINAL CERTIFIED COPY OF CERTIFICATE OF REGISTRATION (OR EQUIVALENT) ISSUED BY THE RELEVANT FOREIGN REGISTRATION BODY

Any documentation provided that is written in a language other than English, must be accompanied by an English translation prepared by an accredited translator.

8. the name of each company director if the company is registered as a private company by the relevant foreign registration body using:

AN ORIGINAL CERTIFIED COPY OF A PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

OR

AN ORIGINAL CERTIFIED COPY OF A PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

AND

AN ORIGINAL CERTIFIED COPY OF A SECONDARY IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

Section 2A. COMPANIES (Foreign Companies not registered in Australia) Client Identification Procedure

Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act)

INSTRUCTIONS FOR VERIFICATION OF KYC INFORMATION – FOREIGN COMPANIES NOT REGISTERED IN AUSTRALIA

Clients must verify their:

1. FULL NAME of COMPANY
2. Country in which the company was formed, incorporated or registered
3. whether the company is registered by the relevant foreign registration body and if so:
 - Any identification number issued to the company by the relevant foreign registration body upon the company's formation, incorporation or registration
 - Full address in company's country of formation, incorporation or registration as registered by the relevant foreign body; and
 - Whether it is registered as a private or public company or some other type of company by the relevant foreign registration body
4. the full address of the principal place of business of the company in its formation or incorporation if the company is not registered by the relevant foreign registration body.
5. the name of each company director if the company is registered as a private company by the relevant foreign registration body using:

AN ORIGINAL CERTIFIED COPY OF A PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

OR

AN ORIGINAL CERTIFIED COPY OF A PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

AND

AN ORIGINAL CERTIFIED COPY OF A SECONDARY IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure).

Section 2B. COMPANY Details - Applicant Information

Only complete this section if you are opening a Company account or a Company Trustee account.

Company Name (as registered by ASIC)

Please Indicate:

Private

Public

Other (please specify)

ACCOUNT DESIGNATION (A designation is an additional name given to the account to allow it to be differentiated from another account in the same family. For example the difference between the John Smith account and the John Smith <Superannuation Fund> account)

REGISTERED OFFICE ADDRESS (PO Box not accepted) (Provide the registered address as registered with ASIC. If the company is not registered with ASIC, provide the registered address in the country of formation, incorporation or registration if any).

Unit/Level

Street Number

Street Name/ PO Box

Suburb

City

State

Postcode

POSTAL ADDRESS (if different)

(Tick if all correspondence to be directed to **Postal Address**)

Unit/Level

Street Number

Street Name

Suburb

City

State

Postcode

ABN or ACN

Please indicate ASIC Registration

Proprietary

Public

Principal activity of the Company

For Registered Foreign Companies please also indicate:

ARBN

Country of Registration

Is the Company Registered by the relevant Foreign Registration Body?

Yes

No

Name of registration body/regulator

Registration or Licence number

Section 2B. COMPANY DIRECTOR(S) - Applicant Information

Please provide the name and details of each Company Director below. If there are more than four Company Directors, please photocopy this section and complete the additional information as required and attach to your application.

Please note Company Directors are required to complete Section 1 - INDIVIDUALS - Client Identification Procedures

DIRECTOR (1)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	

DIRECTOR (2)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	

DIRECTOR (3)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	

DIRECTOR (4)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	

Section 3A. TRUSTS - Client Identification Procedure

Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act)

INSTRUCTIONS FOR VERIFICATION OF KYC INFORMATION – TRUSTS AND TRUSTEES

TRUSTS WHERE THE TRUSTEE IS AN INDIVIDUAL

Clients must verify:

1. FULL NAME of the TRUST:

AN ORIGINAL CERTIFIED COPY OR AN ORIGINAL CERTIFIED EXTRACT OF THE TRUST DEED

2. Type of trust
3. Details of the class, if the terms of the trust identify the beneficiaries by reference to membership of a class using:
4. The Identity of the Trustee using:

AN ORIGINAL CERTIFIED COPY OF A PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENT (as specified in Section 1. Client Identification Procedure – Individuals)

OR

AN ORIGINAL CERTIFIED COPY OF A PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENT

AND

AN ORIGINAL CERTIFIED COPY OF A SECONDARY IDENTIFICATION DOCUMENT (as specified in Section 1. Client Identification Procedure – Individuals)

TRUST WHERE THE TRUSTEE IS AN AUSTRALIAN COMPANY

Clients must verify:

1. FULL NAME of the TRUST using:

AN ORIGINAL CERTIFIED COPY OR AN ORIGINAL CERTIFIED EXTRACT OF THE TRUST DEED SHOWING THE TRUST'S NAME IN FULL; AND

2. Type of trust
3. Country in which trust was established
4. Details of the class, if the terms of the trust identify the beneficiaries by reference to membership of a class

To verify the existence of the Australian Company, clients must verify:

5. FULL BUSINESS NAME (if any) of the TRUSTEE IN RESPECT OF THE TRUST using:

AN ORIGINAL CERTIFIED COPY OF THE CERTIFICATE OF REGISTRATION OF THE COMPANY AS ISSUED BY ASIC;

OR

AN ORIGINAL CERTIFIED COPY OF THE CERTIFICATE OF INCORPORATION AS ISSUED BY ASIC

Section 3A. TRUSTS - Client Identification Procedure

REGULATED OR REGISTERED TRUSTS

Clients must verify

1. FULL NAME of the TRUST using:
AN ORIGINAL CERTIFIED COPY OR AN ORIGINAL CERTIFIED EXTRACT OF THE TRUST DEED
2. Country in which trust was established
3. Type of trust – either:
 - Registered managed Investment Scheme and if so, please provide:
 - an Australian Registered Scheme Number
 - Government Superannuation Fund established under legislation and if so, please provide:
 - name of the legislation establishing the fund
 - Unregistered managed investment scheme that only has wholesale clients and does not make small offerings
 - Registered trust, subject to the regulatory oversight of a commonwealth regulator in connection with its activities as a trust and if so, please provide:
 - Registration Number and Name of Regulator

To verify the existence of the Australian Company, clients must verify:

4. FULL BUSINESS NAME (if any) of the TRUSTEE IN RESPECT OF THE TRUST using:
AN ORIGINAL CERTIFIED COPY OF THE CERTIFICATE OF REGISTRATION OF THE COMPANY AS ISSUED BY ASIC;

OR

AN ORIGINAL CERTIFIED COPY OF THE CERTIFICATE OF INCORPORATION AS ISSUED BY ASIC

FURTHER REQUIREMENTS FOR TRUSTS

1. if the Trustees are all individuals or all companies – for one of those individuals or companies, the respective information is required to be collected from the individual or company.
2. if the Trustees comprise of individuals and companies – for either an individual or a company, the information is required to be collected from the individual or company (as specified in Section 1. Client Identification Procedure – Individuals)

Section 3B. TRUST Details - Applicant Information

You must complete this form if you will be investing as an Individual or Company Trustee and the Trust is **not**:

- a registered managed investment scheme
- a managed investment scheme that only has wholesale clients and does not make small scale offerings
- a government superannuation fund established by legislation; or
- registered and subject to regulatory oversight in connection with its activities as a trust;

Please note that at least one Trustee of the Trust is required to also complete either a Company Identification Form or Individual Identification Form as applicable.

Only complete this section if you are opening a Trust – Individual Trustee(s) account or a Trust – Company Trustee Account.

* All Individual Trustees authorised to trade must complete Section 1.

* All Directors of a Company Trustee must complete Section 1.

* All Company Trusts must complete Section 2.

* Regulated Trusts must complete Section 3C.

If you intend to operate the account on behalf of a superannuation fund, family trust or a person under 18 years of age, please provide the name of that entity or person here.

TRUST NAME

FULL BUSINESS NAME OF TRUST (if any)

TRUST TYPE

<input type="checkbox"/> Family	<input type="checkbox"/> Superannuation	<input type="checkbox"/> Charity	<input type="checkbox"/> Minor	<input type="checkbox"/> Other
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If other, please specify

TRUSTEE INFORMATION

Please provide the name(s) and address(s) of all Trustee(s) below. If there are more than four Trustees please photocopy this section and complete the additional information as required and attach to your application.

TRUSTEE (1)

Title Given name(s) / Company Name Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>
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REGISTERED STREET ADDRESS (PO Box not accepted)

Unit/Level	Street Number	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb/City	State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TRUSTEE (2)

Title Given name(s)/ Company Name Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>
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REGISTERED STREET ADDRESS (PO Box not accepted)

Unit/Level	Street Number	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb/City	State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3B. TRUST Details - Applicant Information

Trustee (3)

Title	Given name(s)/ Company Name	Surname
<input type="text"/>	<input type="text"/>	

REGISTERED STREET ADDRESS (PO Box not accepted)

Unit/Level	Street Number	Street Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/City		State	Country	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Trustee (4)

Title	Given name(s)/Company Name	Surname
<input type="text"/>	<input type="text"/>	

REGISTERED STREET ADDRESS (PO Box not accepted)

Unit/Level	Street Number	Street Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/City		State	Country	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

BENEFICIARY INFORMATION

Please provide the name of each beneficiary below. If there are more than four beneficiaries please photocopy this section and complete the additional information as required and attach to your application.

BENEFICIARY (1)

Title	Given name(s)/Company Name	Surname
<input type="text"/>	<input type="text"/>	

BENEFICIARY (2)

Title	Given name(s)/Company Name	Surname
<input type="text"/>	<input type="text"/>	

BENEFICIARY (3)

Title	Given name(s)/Company Name	Surname
<input type="text"/>	<input type="text"/>	

BENEFICIARY (4)

Title	Given name(s)/Company Name	Surname
<input type="text"/>	<input type="text"/>	

AND/OR

Where the beneficiaries are identified by reference to membership of a class; details of the class

Section 3C. TRUST Details - Applicant Information

Trust Identification Form for Regulated or Registered Trusts

You must complete this form if the Trust is:

- a registered managed investment scheme;
- a managed investment scheme that only has wholesale clients and does not make small scale offerings;
- a government superannuation fund established by legislation; or
- registered and subject to regulatory oversight in connection with its activities as a trust.

Please provide the following information

FULL NAME OF THE TRUST

FULL BUSINESS NAME (IF ANY) OF THE TRUSTEE IN RESPECT OF THE TRUST

Note: a trust need not have a trustee which has a business name.

SELECT TYPE OF TRUST (please tick one only)

Registered managed investment scheme

Provide Australian Registered Scheme Number

OR Government superannuation fund established under legislation

Provide name of the legislation establishing the fund

OR Unregistered managed investment scheme that only has wholesale clients and does not make small scale offerings

OR Registered trust, subject to the regulatory oversight of a Commonwealth regulator in connection with its activities as a trust

Registration Number

Name of regulator

The country where the trust was established

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Section 4. Risk Profile

Investor Risk Profile

PART A	Applicant 1	Applicant 2	Applicant 3	Applicant 4	Points
1. Which of the following best describes your purpose for investing?					
a) An investment horizon longer than 5 years. You understand investment markets and mainly invest for growth to accumulate long-term wealth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
b) You have surplus funds to invest and aim to accumulate long term wealth from a balanced portfolio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
c) You have a lump sum (e.g. an inheritance) and are uncertain about the secure investment alternatives available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
d) You are nearing retirement and want sufficient funds to enjoy your retirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
e) Some specific objectives within the next five years for which you want to accumulate sufficient funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
2. Which of the following best describes your current stage of life?					
a) Single with few financial burdens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
b) A couple without children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
c) Young family with a home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
d) Mature family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
e) Preparing for retirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
f) Retired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
3. In the light of current interest rates, what return do you reasonably expect to achieve from your investments?					
a) A reasonable return without losing any capital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
b) Current inflation rate plus 2-4% pa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
c) Current inflation rate plus 5-7% pa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
d) Current inflation rate plus 8-12% pa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
e) Greater.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
4. How familiar are you with investment markets?					
a) Experienced with all investment sectors and understand the various factors which influence performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
b) Understand that markets fluctuate and that different market sectors offer different income, growth and taxation characteristics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
c) Have enough experience to understand the importance of diversification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
d) Not very familiar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
e) Very little understanding or interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10

Section 4. Risk Profile

	Applicant 1	Applicant 2	Applicant 3	Applicant 4	Points
5. How long would you expect most of your money to be invested before you would need to access it? Assuming your Advisor has made plans to meet short term financial objectives and to handle emergencies).					
a) 0 - 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
b) Between 1 and 2 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
c) Between 2 and 5 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
d) Between 5 and 7 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
e) Longer than 7 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
6. What would your reaction be if 6 months after placing your investment, you discover that, in line with what is happening in the financial markets generally, your portfolio has decreased in value by 20%?					
a) Horror. Security of your capital is critical and you did not intend to take risks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
b) You would cut your losses and transfer your funds into more secure investment sectors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
c) You would be concerned but wait to see if the investments improve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
d) This was a calculated risk and you would leave the investments in place, expecting performance to improve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
e) You would invest more funds to lower your average investment price, expecting future growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
7. If you didn't need your capital for more than 10 years, for how long would you be prepared to see your investment performing poorly before you cashed it in?					
a) You would cash it in if there was any loss in value.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
b) Up to 3 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
c) Up to 6 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
d) Up to one year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
e) Up to 2 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
8. How stable is your current and future income from sources such as salary, social security and pension plan or other investments?					
a) Very stable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
b) Stable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
c) Somewhat stable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
d) Unstable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
e) Very unstable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10

Section 4. Risk Profile

	Applicant 1	Applicant 2	Applicant 3	Applicant 4	Points
9. Do you have any separate savings set aside for major expenses? This may include things like education, home mortgage payments, home repairs and retirement.					
a) I have no upcoming expenses other than my retirement living expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
b) Yes, I do have separate savings to meet my expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
c) I have a small amount of savings and a large credit card limit on my credit card for emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
d) I have no savings, but can use my credit card for emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
e) No, I do not have separate savings to meet major expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
TOTAL PART A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART B

10. APPLICANT 1

Please indicate the percentage of each investment segment you believe is appropriate for your investment objectives.

	25%	50%	75%	100%	Points
CONGLOMERATE (ASX 20) Very Low risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="text"/>
	10 points	20 points	30 points	40 points	
LARGE CAP (ASX 100 - Ex ASX 20) Low risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="text"/>
	20 points	40 points	60 points	80 points	
MID CAP (ASX 300- Ex ASX 100) Moderate risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="text"/>
	30 points	60 points	90 points	120 points	
MICRO/SMALL CAP (ASX - Ex ASX 300) High Risk/Speculative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="text"/>
	60 points	100 points	140 points	180 points	
TOTAL B					<input type="text"/>

APPLICANT 2

Please indicate the percentage of each investment segment you believe is appropriate for your investment objectives.

	25%	50%	75%	100%	Points
CONGLOMERATE (ASX 20) Very Low risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="text"/>
	10 points	20 points	30 points	40 points	
LARGE CAP (ASX 100 - Ex ASX 20) Low risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="text"/>
	20 points	40 points	60 points	80 points	
MID CAP (ASX 300- Ex ASX 100) Moderate risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="text"/>
	30 points	60 points	90 points	120 points	
MICRO/SMALL CAP (ASX - Ex ASX 300) High Risk/Speculative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="text"/>
	60 points	100 points	140 points	180 points	
TOTAL B					<input type="text"/>

Section 4. Risk Profile

APPLICANT 3

Please indicate the percentage of each investment segment you believe is appropriate for your investment objectives.

	25%	50%	75%	100%	Points
CONGLOMERATE (ASX 20) Very Low risk	<input type="checkbox"/> 10 points	<input type="checkbox"/> 20 points	<input type="checkbox"/> 30 points	<input type="checkbox"/> 40 points	▶ <input type="checkbox"/>
LARGE CAP (ASX 100 - Ex ASX 20) Low risk	<input type="checkbox"/> 20 points	<input type="checkbox"/> 40 points	<input type="checkbox"/> 60 points	<input type="checkbox"/> 80 points	▶ <input type="checkbox"/>
MID CAP (ASX 300- Ex ASX 100) Moderate risk	<input type="checkbox"/> 30 points	<input type="checkbox"/> 60 points	<input type="checkbox"/> 90 points	<input type="checkbox"/> 120 points	▶ <input type="checkbox"/>
MICRO/SMALL CAP (ASX - Ex ASX 300) High Risk/Speculative	<input type="checkbox"/> 60 points	<input type="checkbox"/> 100 points	<input type="checkbox"/> 140 points	<input type="checkbox"/> 180 points	▶ <input type="checkbox"/>
TOTAL B					<input type="checkbox"/>

APPLICANT 4

Please indicate the percentage of each investment segment you believe is appropriate for your investment objectives.

	25%	50%	75%	100%	Points
CONGLOMERATE (ASX 20) Very Low risk	<input type="checkbox"/> 10 points	<input type="checkbox"/> 20 points	<input type="checkbox"/> 30 points	<input type="checkbox"/> 40 points	▶ <input type="checkbox"/>
LARGE CAP (ASX 100 - Ex ASX 20) Low risk	<input type="checkbox"/> 20 points	<input type="checkbox"/> 40 points	<input type="checkbox"/> 60 points	<input type="checkbox"/> 80 points	▶ <input type="checkbox"/>
MID CAP (ASX 300- Ex ASX 100) Moderate risk	<input type="checkbox"/> 30 points	<input type="checkbox"/> 60 points	<input type="checkbox"/> 90 points	<input type="checkbox"/> 120 points	▶ <input type="checkbox"/>
MICRO/SMALL CAP (ASX - Ex ASX 300) High Risk/Speculative	<input type="checkbox"/> 60 points	<input type="checkbox"/> 100 points	<input type="checkbox"/> 140 points	<input type="checkbox"/> 180 points	▶ <input type="checkbox"/>
TOTAL B					<input type="checkbox"/>

TOTAL INVESTOR PROFILE SCORE (TOTAL OF A & B)

Applicant 1	Applicant 2	Applicant 3	Applicant 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Now match your investor profile score to the Investor Profile summary below.

Investor Profile Score card

Defensive

You are a Defensive investor. Risk must be very low and you are prepared to accept lower returns to protect capital. The negative effects of tax and inflation will not concern you, provided your investment is protected.

0-130

Moderate

You are a Moderate investor seeking better than basic returns, but risk must be low. Typically an older investor seeking to protect the wealth that you have accumulated, you may be prepared to consider less aggressive growth investments.

131-240

Balanced

You are a Balanced investor who wants a balanced portfolio to work towards medium to long term financial goals. You require an investment strategy, which will cope with the effects of tax and inflation. Calculated risks will be acceptable to you to achieve good returns.

241-360

Growth

You are a Growth investor, probably earning sufficient income to invest most funds for capital growth. Prepare to accept higher volatility and moderate risks, your primary concern is to accumulate assets over the medium to long term, you require a balanced portfolio, but more aggressive investments may be included.

361-480

High Growth

You are a High Growth investor prepared to compromise portfolio balance to pursue potentially greater long term returns. Your investment choices are diverse, but carry with them a higher level of risk. Security of capital is secondary to the potential for wealth accumulation.

481-630

Section 5. Risk Profile Acknowledgement

Requested Account Risk Profile (If different from category in score card) i.e. **Balanced, High Growth etc** (see previous page for definitions)

You have been asked to complete this Risk Profile to help us determine your relevant personal circumstances that we must consider in providing advice to you. Any advice we provide to you will take these relevant personal circumstances into account, so for example if the Risk Profile indicates that you should only buy shares that have a lower level of risk attached to them we will provide you with advice along those lines. Accordingly, it is very important that the Risk Profile be completed as accurately as possible and when it is completed you consider whether the outcome accords with what you understand to be your personal circumstances that we should take into account in providing advice to you. If it doesn't please make sure that you tell your adviser about this.

It may be that you wish to act in a way that is not in accordance with the outcome of the Risk Profile (for example you wish to buy shares that have a greater level of risk associated with them than is shown by the Risk Profile as being suitable for you). If you choose to do this, you acknowledge that we will not be responsible for any losses incurred by you as a result of taking such a course of action.

Applicant 1 Signature

Applicant 2 Signature

Applicant 3 Signature

Applicant 4 Signature

Section 6. Investment Objectives Guidelines

Explanation of Alternative Investment Objectives

LOW CAPITAL RISK

Description	The primary objective is preservation of capital. Depending on the requirements of the Investor, this can be accompanied by a high degree of liquidity. The portfolio would contain fixed income securities from AAA institutions. Such an investment is usually associated with a dependable, ongoing income stream and its associated low volatility of returns. However, the after-tax returns may be very low and may not keep pace with inflation. Capital risk could arise if there was a mismatch between the Investor's time frame and the actual term of the investment. This investment is not generally compatible with investing in stock exchange listed equities. To pursue this investment objective in listed equities, it would be necessary to first hold shares in large and well established market leaders having a record of low volatility of returns from regular well covered dividends, and second accept a higher, albeit still a relatively low, degree of risk.
Risk and Volatility	Only prepared to accept minimal capital risk and volatility of investment returns.
Suitability	A strongly conservative Investor who is prepared to accept lower returns for the investment to be protected ie. Interest Rate Products. The adverse effects of inflation and tax are not a concern.

INCOME

Description	Here the objectives are the preservation of capital and the generation of income. This objective aims to generate a total return of a couple of points better than CPI. Over the medium to long-term, this objective aims to provide some minimal volatility of investment returns, while aiming to preserve capital. However, to the extent that hybrid securities such as reset preference shares, income securities and convertible notes, and equity shares are included in the portfolio, higher capital risk and volatility will be incurred.
Risk and Volatility	Subject to the abovementioned comment regarding hybrid securities and equity shares, there is below average capital risk and volatility of investment returns.
Suitability	The Investor who is looking for better than a basic return but only within a low capital risk. The Investor will be seeking to enhance returns from a diversified portfolio of interest rate products, property trusts, hybrid securities and a limited investment in equities.

BALANCED

Description	The objective is to achieve returns from a mix of all or some of Interest Rate, Property and Equity Asset Classes, which have regard for both Interest Rate and Capital Gain. Investors with private property holdings may elect to pursue a Balanced Investment Objective with either a mix of Interest Rate and Equity Asset Classes or, within the Equity Asset Class alone utilising equities having income or growth characteristics, or a combination of both.
Risk and Volatility	As growth assets will always form part of the portfolio, there is a preparedness to accept some capital risk. Investment returns will fluctuate over the short term, including the possibility of a negative return in some periods. It is a medium to high-risk investment and should be viewed over at least a 3 to 5 year period.
Suitability	This Investor is looking for a balanced portfolio of diversified investments providing some protection against both taxation and inflation. The long-term average exposure to growth and income assets is expected to be approximately 65% and 35% respectively of the total portfolio, although this could vary in the short-term.

GROWTH

Description	A more aggressive investment strategy than for Balanced is used with more exposure to growth assets over a slightly longer time frame of, say, 5 years or more.
Risk and Volatility	Above-average capital risk and volatility of returns in the short-term, in order to take advantage of the opportunities for superior portfolio performance in the medium to long term.
Suitability	This Investor is prepared to accept capital risk and volatility of returns in the short-term, in order to take advantage of the opportunities for superior portfolio performance in the medium to long-term.

Section 6. Investment Objectives Guidelines

Explanation of Alternative Investment Objectives

AGGRESSIVE GROWTH

Description	A preparedness to compromise portfolio balance further in the expectation of higher long-term gains, to include small cap stocks, cyclical stocks and stocks with past volatile performance, and to invest with the sole objective of maximising investment performance over a wide range of stocks in terms of size, past performance and volatility of returns.
Risk and Volatility	The security of capital is secondary to the potential for wealth creation. A diverse range of investments will carry a high level of risk and volatility of returns over 7 years or more.
Suitability	This Investor is pursuing high growth investment returns and accepts capital risk and high volatility of returns.

TRADING

Description	A Trading Objective evidences a preparedness to invest for the short-term to realise primarily capital gains on stocks. This approach to investment is based on identifying investment opportunities, which are valued at a discount to what is perceived by the Investor as being the intrinsic value of the stock. Alternatively, it could involve buy and sell decisions based on the occurrence of technical indicators.
Risk and Volatility	A very high level of capital risk and volatility of returns as gains will be dependent upon not only identifying undervalued situations but anticipating a revaluation by the market.
Suitability	The Investor with a Trading Objective will be experienced, prepared to take a contrarian view to the market and accept the associated risks, and be closely associated with the design of the strategy.

SPECULATIVE

Description	<p>Speculative investments are either start-up enterprises with nil or only prospective operations or recently commenced operations, with only forecast cashflows or those that have commenced operations but have very limited cashflows and/or a stressed balance sheet.</p> <p>Speculative investments also encompass derivative investments other than derivatives undertaken for pure hedging purposes.</p>
Risk and Volatility	An exceptionally high level of capital risk and volatility of returns.
Suitability	Only experienced Investors with capital surplus to living and investment requirements, who are prepared to accept the high degree of risk associated with either a complete absence of track record or an unfavourable track record and the exclusive reliance on forecasting. The Investor will need to be closely involved with the analysis underlying this kind of investment

Section 6. Investment Objectives Guidelines

Financial Situation

Individual Investors to complete

An Investor's Investment Objectives need to be appropriate to the Investor's Financial Situation and Particular Needs. Accordingly, we would appreciate your answers to the following non-intrusive questions relating to Individual Investors:

1. Planned Retirement

Retirement year _____

2. Family Income Earner and Dependants

Are you the sole family income earner? Yes No

How many dependants do you have?

3. Employment

How would you categorise your employment?

Permanent

Casual/Part Time

Self Employed

Retired

Home Duties

Other (please specify) _____

4. Primary Source of Income

What is your primary source of income?

Business

Salary

Investments

Retirement Assets

Pension

5. Assets

Property - Home
Investment

Shares

Cash

Other

Total Assets

Liabilities

Home Loan(s)

Investment Loan(s)

Other

Total Liabilities

NET POSITION

Section 6. Investment Objectives Guidelines

Financial Situation

Individual Investors to complete

6. Current Securities Investments

What is the approximate value of your Securities portfolio? \$ _____

What is the approximate percentage that your Securities portfolio represents your total net worth? _____ %

Date of Valuation of your Securities Portfolio _____

7. Current Reliance on Investment Income

To what extent do you rely on the income from your Securities Portfolio for living expenses?

Entirely

Substantially

Partially

Not at all

8. Future Reliance on Investment Income

When do you expect to rely either entirely or substantially on the investment income from your Securities Portfolio for your living expenses?

Less than 18 months

18 months – 3 years

3 years – 5 years

5 years – 7 years

More than 7 years

9. Tax Position

What is your marginal tax rate?

\$0 - \$6,000 0%

\$6,001 - \$30,000 15%

\$30,001 - \$75,000 30%

\$75,001 - \$150,000 40%

Over \$150,001 45%

Don't know

The above rates do not include the Medicare levy of 1.5%

10. Gearing

What percentage of your Securities Portfolio is borrowed, whether by means of a Bank Overdraft, a Margin Lending facility or other loan arrangement?

None

Less than 25%

25% – 50%

More than 50%

Are your Securities borrowings against your family home? Yes No

11. Superannuation

Do you have any superannuation arrangements? If Yes, what is the nature of your superannuation? Yes No

Public (Commonwealth, State or Municipal)

Corporate

Private (SMSF or APRA Regulated Fund)

Other (please specify)

Section 6. Investment Objectives Guidelines

Financial Situation

All Investors to complete

1. Past Investments and Investment Experience

What asset classes have you invested in, in the past and what has been the extent of your experience in investing in these asset classes?

	Extensive	Moderate	Limited	None
• Fixed Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Property Trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Managed Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Australian Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• International Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Options / Warrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Margin Lending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Time Horizon

What is the time horizon of your securities investments (ie. for what period are you wanting to invest)?

• Less than 18 months	<input type="checkbox"/>
• 18 months – 3 years	<input type="checkbox"/>
• 3 years – 5 years	<input type="checkbox"/>
• 5 years – 7 years	<input type="checkbox"/>
• More than 7 years	<input type="checkbox"/>

3. Investment Objectives

Tick (✓) one Primary Objective.

It is optional to also tick (✓) one Secondary Objective and, if appropriate, tick (✓) another Objective in which you may be Interested.

Investors should understand that all equity investments involve some capital risk. The selection of the Low Capital Risk Investment Objective precludes the selection of any other Primary, Secondary or Interested Investment Objectives.

	Primary	Secondary	Interested
• Low Capital Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Aggressive Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Speculative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6. Investment Objectives Guidelines

Particular Needs

All Investors to complete

The following is designed to assist you in determining whether you have any particular needs in relation to your investments.

If you have none, apart from realisation of your Investment Objectives as set out in the Investment Objective's section previously, leave this section blank.

4. How would you expect your Portfolio to be ultimately used?

If you are not currently Entirely or Substantially dependent upon the income from your securities portfolio for your living expenses, please indicate by ticking (✓) the appropriate box below how you expect the portfolio will be ultimately used by reference to the following alternatives (you should indicate as many as are appropriate).

- To fund retirement
- Long term preservation of assets
- To comprise an estate for the benefit of my dependants
- To educate dependants
- To fund the acquisition of a house or other large capital asset
- To invest in a business
- To fund a special expenditure
- To be an emergency source of funds
- To supplement my income
- Other purpose (please specify) _____

5. Have you any investment return preferences?

- Income from higher yielding securities without any capital gain objective
- Fully or substantially Franked Income
- Mix of Income and Capital Gain
- Capital Gain from holding low yielding growth securities
- Trading for Short Term Capital Gain without any yield objective

6. Which of the following criteria reflects your level of concern?

- | | Most Important | | | Least Important | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| • Current Cash Flow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Inflation Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Low Volatility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tax Effective Income | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Capital Growth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: all equity investments involve some capital risk.

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Section 7. General Advice Warning

CORPORATIONS LAW REQUIREMENTS

Euroz Securities Limited has an obligation to ask you for particulars of your investment objectives, financial situation and specific needs in order to make recommendations appropriate to you. **By not completing the information in Section 6, you acknowledge that any advice or recommendations made by Euroz are on a “general advice” basis and may not be appropriate to your needs.**

If you tick “No” then you must sign

No, I/We do not wish to disclose this information to Euroz Securities Limited.

Applicant 1 Signature

Applicant 2 Signature

Applicant 3 Signature

Applicant 4 Signature

This page has been left blank intentionally

Booklet 2 - Part B Completion of these forms is optional and should be returned to Euroz if required.

PART B

Completion of documents contained in this section (those with an ORANGE edge) is optional and should be returned to Euroz if required.

Section	8:	Payment Agreements	ORANGE <i>(Completion of this section is recommended)</i>
Section	9:	Tax File Number Notification	ORANGE <i>(Completion of this section is recommended)</i>
Section	10:	CHESS Sponsorship Agreement	ORANGE <i>(Completion of this section is recommended)</i>
Section	11:	Stock Transfer Form	ORANGE
Section	12:	Third Party Agreements	ORANGE
Section	13:	Minor(s) Statement and Indemnity	ORANGE
Section	14:	Portfolio Access Request	ORANGE
Section	15:	Sophisticated Investor Certificate	GREEN <i>(Tear out form)</i>

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Section 8. Payment Agreements

Direct Credit/Debit Request

Please tick the relevant box

One-off Banking Request New or Revised Permanent Instructions

CONDITIONS

- The designated bank account must be in the same name/s as the Euroz Securities Limited account you are opening. Third Party accounts cannot be accepted.
- If a joint bank account is nominated, both parties must sign up.
- This form is not suitable to authorise us to debit your linked money market account (where applicable).

A. CLIENT DETAILS

Please complete these sections if you wish to authorise Euroz Securities Limited ABN 23 089 314 983 ("Euroz") (Direct Debit User ID: 250577) to direct credit/debit funds from/to your designated bank account.

Euroz Account Name	<input type="text"/>	'you'
Euroz Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address <input type="text"/>
ACN/ABN	<input type="text"/> <i>(if applicable)</i>	Suburb <input type="text"/>
	State <input type="text"/>	Country <input type="text"/> P/Code <input type="text"/>

B. FINANCIAL INSTITUTION DETAILS

Please complete if you wish Euroz to credit/debit your designated bank account.

Financial Institution Name	<input type="text"/>		
Financial Institution Address	<input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Account Name	<input type="text"/>		
Bank BSB Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Bank Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/> <i>(Bank Account Holder)</i>		
	Suburb <input type="text"/>	State <input type="text"/>	Country <input type="text"/> Postcode <input type="text"/>

C. AUTHORITY TO CREDIT/DEBIT

I/we authorise and request, Euroz (Debit user ID 250577) to arrange for funds to be debited from and credited to my/our account at the Financial Institution identified above and as prescribed through the Bulk Electronic Clearing System. This authorisation is to remain in force in accordance with the terms described in the Direct Credit/Debit Request Service Agreement that is set out overleaf.

I/we authorise:

- Euroz to verify the details of the account set out above with my/our Financial Institution.
- The Financial Institution to release information allowing Euroz to verify the account details mentioned above.

D. ACKNOWLEDGEMENT

By signing this Direct Credit/Debit Request, you acknowledge having received, read and understood the terms and conditions governing the debit arrangements between you and Euroz as set out in this Direct Credit/Debit Request and in the Direct Credit/Debit Request Service Agreement overleaf.

Signature	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
	<i>(Bank Account Holder)</i>		

If signing for a company, sign and print full name and capacity for signing eg. Director

Address	<input type="text"/>		
Suburb	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>

Section 8. Payment Agreements

Direct Credit/Debit Request Service Agreement

DEFINITIONS

For the purposes of this agreement the following words are defined to have the following meanings.

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Credit/Debit Request Service Agreement between you and us.

Banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct credit/debit request means the Direct Credit/Debit Request signed by you.

Us or we means Euroz Securities Limited (the Debit User) you have authorised by signing a Direct Credit/Debit Request.

You means the client of Euroz Securities Limited who signed the Direct Credit/Debit Request.

Your financial institution means the financial institution where you hold the account that you have authorised us to arrange to debit.

1 DEBITING YOUR ACCOUNT

- 1.1 By signing a Direct Credit/Debit Request, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Credit/Debit Request and this agreement for the terms of the arrangement between us and you.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Credit/Debit Request.
- 1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited, you should ask your financial institution.

2 CHANGES BY US

We may vary any details of this agreement or a Direct Credit/Debit Request at any time by giving you at least fourteen (14) days written notice.

3 CHANGES BY YOU

- 3.1 Subject to clauses 3.2 and 3.3, you may change the arrangements under a Direct Credit/Debit Request by contacting the Head of Settlements on (08) 9488 1417.
- 3.2 If you wish to stop or defer a debit payment, you must notify us in writing at least five (5) days before the next debit day. This notice should be given to us in the first instance.
- 3.3 You may also cancel your authority for us to debit your account at any time by giving us five (5) days notice in writing before the next debit day. This notice should be given to us in the first instance.

4 YOUR OBLIGATIONS

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Credit/Debit Request.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
 - (a) you may be charged a fee and/or interest by your financial institution;
 - (b) you may also incur fees or charges imposed or incurred by us; and
 - (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.
- 4.4 If Euroz Securities Limited is liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to pay Euroz Securities Limited on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5 DISPUTE

- 5.1 If you believe that there has been an error in crediting or debiting your account, you should notify us directly to the Head of Settlements on (08) 9488 1417 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding.
- 5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter, you can still refer it to your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Section 8. Payment Agreements

Direct Credit/Debit Request Service Agreement

6 ACCOUNTS

You should check:

- (a) with your financial institution whether direct debiting is available from your account, as direct debiting is not available on all accounts offered by financial institutions;
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the Direct Credit/Debit Request if you have any queries about how to complete the Direct Credit/Debit Request.

7 CONFIDENTIALITY

7.1 We will keep any information (including your account details) in your Direct Credit/Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information we hold about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8 NOTICE

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

Head of Settlements
Euroz Securities Limited
PO Box Z5036
Perth WA 6831

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Credit/Debit Request. Any notice will be deemed to have been received on the third banking day after posting.

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Section 8. Payment Agreements

International Electronic Payment Agreement

Please tick the relevant box

One-off Banking Request New or Revised Permanent Instructions

CONDITIONS

- The designated bank account must be in the same name/s as the Euroz Securities Limited account you are opening or have opened. Third Party accounts cannot be accepted.
- If a joint bank account is nominated, both parties must sign up.

A. CLIENT DETAILS

Please complete these sections if you wish to authorise Euroz Securities Limited ABN 23 089 314 983 ("Euroz") to credit funds to your designated bank account.

Euroz Account Name	<input type="text"/>	'you'
Euroz Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address <input type="text"/>
ACN/ABN	<input type="text"/> <i>(if applicable)</i>	Suburb <input type="text"/>
	State <input type="text"/>	Country <input type="text"/> P/Code <input type="text"/>

B. BANKING DETAILS

Please complete if you wish Euroz to credit your designated bank account.

Bank Name	<input type="text"/>
Branch Address	Address <input type="text"/>
	Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>
	Country <input type="text"/>
Bank Account Name	<input type="text"/>
Bank Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Swift Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ABA/ Routing Number <i>(if applicable)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

D. ACKNOWLEDGEMENT

By signing this International Electronic Payment Agreement, you acknowledge having received, read and understood the terms and conditions attached to this form and agree to be bound by these terms and conditions.

Signature	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/> <i>(Bank Account Holder)</i>	Name	<input type="text"/>

If signing for a company, sign and print full name and capacity for signing eg. Director

Section 8. Payment Agreements

International Electronic Payment Agreement

TERMS AND CONDITIONS

1. Introduction

By signing this International Electronic Payment Agreement Form you have requested that Euroz Securities Limited ("**Euroz**") arrange for funds to be transferred on your behalf to an overseas bank account ("**Overseas Funds Transfer**") on the basis of these terms and conditions and you agree that these terms and conditions apply to all Overseas Funds Transfers conducted on your behalf.

2. Acknowledgements

You acknowledge and agree to the following:

- (1) You may from time to time instruct Euroz ("**Your Instructions**") to transfer funds that it holds on your behalf in its trust account ("**Your Funds**") to the bank account specified in this form ("**Your Overseas Bank Account**"). Euroz will only accept these instructions where, in Euroz's reasonable opinion, you have and will meet all of your commitments to Euroz (for example that you have and will pay all amounts owing to Euroz pursuant to our Trading Terms and Conditions).
- (2) Euroz will arrange for Your Funds to be transferred to Your Bank Account via the Bank that holds Euroz's trust account ("**the Bank**") which is currently Westpac.
- (3) The Bank will charge Euroz a fee which Euroz will deduct from Your Funds prior to arranging for Your Funds to be transferred.
- (4) Euroz will only arrange for Your Funds to be Transferred to Your Overseas Bank Account upon your instructions with respect to each transfer, that is, Euroz will not accept standing instructions to make a transfer upon the occurrence of a particular event (for example upon each occasion that Your Funds are placed into our trust account).
- (5) Euroz will arrange for Your Funds to be transferred to Your Overseas Bank Account denominated in Australian Dollars and it will be your responsibility upon receipt of those funds into Your Overseas Bank Account to arrange for Your Funds to be converted into the currency of your choice. Due to regulatory limitations, Euroz cannot arrange for you to enter into any form of foreign exchange contract whereby Your Funds are converted into a foreign currency prior to being transferred to Your Overseas Bank Account.
- (6) That Overseas Funds Transfer involves a number of inter-related risks including:
 - (i) Adverse movement in the rate that Your Funds can be converted from Australian Dollars to the currency of your choice in the circumstances set out at subparagraphs (ii)–(iv) below;
 - (ii) delays or errors in the execution of your instructions by Euroz;
 - (iii) delays or errors in the execution of the instructions sent by Euroz to the Bank; and
 - (iv) delays or errors by the bank that operates Your Overseas Bank Account.
- (7) With respect to some countries where Your Overseas Bank Account is located, Euroz in conjunction with the Bank may not be able to arrange at all or without significant delay for Your Instructions to be implemented.
- (8) Your Overseas Bank Account must be in exactly the same name as you Euroz trading account.
- (9) The execution of Your Instructions may have implications with respect to compliance by Euroz with the obligations imposed by the Anti-Money Laundering and Counter Terrorism-Financing Act 2006. Pursuant to these obligations, Euroz may delay or decline to execute Your Instructions and may be required to take other action as specified or required by this Act.
- (10) It is your responsibility to provide Euroz with correct information with respect to your Overseas Bank Account.
- (11) You or Euroz may, for any reason, terminate the arrangement created by these Terms and Conditions upon either party giving the other, one business day's notice in writing.

3. Euroz's rights and limitation of liability

Euroz, in addition to the matters referred to at clause 2, reserves the right for any reason to decline to execute Your Instructions and Euroz and its related entities, officers, agents and employees accept no responsibility for any loss or damage (including any indirect or consequential loss or damage) suffered whatsoever by you:

- (1) As a result of Euroz declining to execute Your Instructions. Where Euroz declines to execute Your Instructions it will send Your Funds to you by way of a cheque.
- (2) As a result of Euroz failing to execute Your Instructions within a reasonable time and/or incorrectly including, without limitation, circumstances where you have failed to provide correct information with respect to Your Overseas Bank Account.
- (3) As a result of the Bank and/or the provider of the Overseas Bank Account failing to execute Your Instructions within a reasonable time and/or correctly.

Section 9. Tax File Number Notification

To
The Directors
Euroz Securities Limited
Level 14, The Quadrant
1 William Street
Perth, Western Australia 6000

Dear Sirs

I/We

of

Hereby appoint Euroz Securities Limited ("The Broker") as my agent and authorise the broker to provide my tax file number ("TFN"), detailed below, to all money market investment bodies and company registries with whom the broker acts on my/our behalf.

This authority is to apply until such time it is revoked in writing to the broker.

Dated the Day of 20

INDIVIDUALS/JOINT ACCOUNTS

Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>
Signature <input type="text"/>	Signature <input type="text"/>	Signature <input type="text"/>
Tax File Number <input type="text"/>	Tax File Number <input type="text"/>	Tax File Number <input type="text"/>

SUPERFUND/TRUST/COMPANY TAX FILE NUMBER

Tax File Number <input type="text"/>	Tax File Number <input type="text"/>	Tax File Number <input type="text"/>
Director/Trustee <input type="text"/>	Director/Trustee <input type="text"/>	Director/Trustee <input type="text"/>
Signature <input type="text"/>	Signature <input type="text"/>	Signature <input type="text"/>

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Section 10. Chess Sponsorship Agreement

Sponsoring Participant: Euroz Securities Limited

Date of Offer:

Participant Sponsored Holder (Name of Client/s):

Holdings to which Agreement Applies (Clients/s HIN(S))

1. INTERPRETATION

- 1.1 Any term used in this Agreement which is defined in the ASTC Settlement Rules has the meaning given in the Rules. (Should you require a copy of these definitions please contact your Sponsoring Participant)

2. MANDATORY PROVISIONS

2.1 PARTICIPANT RIGHTS

- 2.1.1 Where the Participant Sponsored Holder authorises the Participant to buy Financial Products, the Participant Sponsored Holder will pay for those financial products within three Business Days of the date of purchase.
- 2.1.2 Subject to Clause 2.1.3, the Participant is not obliged to Transfer Financial Products into the Participant Sponsored Holding, where payment for those Financial Products has not been received, until payment is received.
- 2.1.3 Where a contract for the purchase of Financial Products remains unpaid, after the Participant has made a demand of the Participant Sponsored Holder to pay for the Financial Products, the Participant may sell those Financial Products that are the subject of that contract at the Participant Sponsored Holder's risk and expense and that expense will include brokerage and stamp duty.
- 2.1.4 Where a Participant claims that an amount lawfully owed to it has not been paid by the Participant Sponsored Holder, the Participant has the right to refuse to comply with the Participant Sponsored Holder's Withdrawal Instructions, but only to the extent necessary to retain financial products of the minimum value held in a Participant Sponsored Holding (where the minimum value is equal to 120% of the current market value of the amount claimed)

2.2 PARTICIPANT SPONSORED HOLDER'S RIGHTS

- 2.2.1 Subject to Clauses 2.1.3 and 2.1.4, the Participant will initiate any Transfer, Conversion or other action necessary to give effect to Withdrawal Instructions within two (2) Business Days of the date of the receipt of the Withdrawal Instructions.
- 2.2.2 The Participant will not initiate any Transfer or Conversion into or out of the Participant Sponsored Holding without the express authority of the Participant Sponsored Holder.
- 2.2.3 The regulatory regime which applies to the Participant is Australian Financial Service License. The Participant Sponsored Holder can obtain information as to the status of the Participant from Australian Securities and Investment Commission.
- 2.2.4 The Participant Sponsored Holder may lodge a complaint against the Participant or any claim for compensation with the Ombudsman. Ph 1300 780 808, web www.fics.asn.au or by mail PO BOX 579 Collins Street West, Melbourne 8007.

3. OTHER RIGHTS AND DUTIES

3.1 SUPPLY OF INFORMATION

- 3.1.1 The Participant Sponsored Holder will supply all information and supporting documentation which is reasonably required to permit the Participant to comply with the registration requirements, as are in force from time to time, under the ASTC Settlement Rules.

3.2 EXCHANGE TRADED OPTIONS, PLEDGING AND SUB-POSITIONS

- 3.2.1 Where the Participant Sponsored Holder arranges with ACH to lodge financial products in a Participant Sponsored Holding as cover for written positions in the Australian Options Market, and informs the Participant of the arrangement, the Participant Sponsored Holder authorises the Participant to take whatever action is reasonably required by ACH in accordance with the Rules to give effect to that arrangement.
- 3.2.2 Where the Participant Sponsored Holder arranges with any person to give a charge or any interest in financial products in a Participant Sponsored Holding, the Participant Sponsored Holder authorises the Participant to take whatever action is reasonably required by the person in accordance with the Rules to give effect to that arrangement.
- 3.2.3 The Participant Sponsored Holder acknowledges that where, in accordance with this Agreement and/or the Participant Sponsored Holder's instructions, the Participant initiates any action which has the effect of creating a sub-position over financial products in the Participant Sponsored Holding, the right of the Participant Sponsored Holder to transfer, convert or otherwise deal with those financial products is restricted in accordance with the terms of the Rules relating to sub-positions.
- 3.2.4 Nothing in this Agreement operates to override any interest of ACH in the financial products.

Section 10. Chess Sponsorship Agreement

3.3 FEES

- 3.3.1. The Participant Sponsored Holder will pay all Brokerage fees and associated transactional costs within the period prescribed by the Participant.

4. MANDATORY NOTIFICATIONS AND ACKNOWLEDGEMENTS

- 4.1. The Participant Sponsored Holder acknowledges that if the Participant is not a Market Participant of ASX, neither ASX nor any Related Party of ASX has any responsibility for supervising or regulating the relationship between the Participant Sponsored Holder and the Participant, other than in relation to the Rules relating to Sponsorship Agreements.
- 4.2. The Participant Sponsored Holder acknowledges that if a Transfer is taken to be effected by the Participant under Section 9 of the ASTC Settlement Rules and the Source Holding for the Transfer is a Participant Sponsored Holding under the Sponsorship Agreement, then:
- (a) The Participant Sponsored Holder may not assert or claim against ASTC or the relevant Issuer that the Transfer was not affected by the Sponsoring Participant or that the Sponsoring Participant was not authorised by the Participant Sponsored Holder to effect the Transfer; and
 - (b) Unless the Transfer is also taken to have been effected by a Market Participant of ASX or a Clearing Participant of ACH, the Participant Sponsored Holder has no claim arising out of the Transfer against the National Guarantee Fund under Part 7.5, Division 4 of the Corporations Regulations.
- 4.3. In the event that the Participant breaches any of the provisions of this Agreement, the Participant Sponsored Holder may refer that breach to any regulatory authority, including ASTC.
- 4.4. In the event that the Participant is suspended from CHES participation, subject to the assertion of an interest in Financial Products controlled by the Participant, by the liquidator, receiver, administrator or trustee of that Participant:
- (a) The Participant Sponsored Holder has the right, within twenty (20) Business Days of ASTC giving Notice of Suspension, to give notice to ASTC requesting that any Participant Sponsored Holdings be removed either:
 - (i) From the CHES Subregister; or
 - (ii) From the control of the suspended Participant to the control of another Participant with whom they have concluded a valid Sponsorship Agreement pursuant to Rule 12.19.10; or
 - (b) Where the Participant Sponsored Holder does not give notice under Clause 4.4(a), ASTC may effect a change of Controlling Participant under Rule 12.19.11 and the Participant Sponsored Holder will be deemed to have entered into a new Sponsorship Agreement with the substitute Participant on the same terms as the existing Sponsorship Agreement. Where a Participant Sponsored Holder is deemed to have entered a Sponsorship Agreement, the new Participant must enter into a Sponsorship Agreement with the Participant Sponsored Holder within ten (10) Business Days of the change of Controlling Participant.
- 4.5. The Participant Sponsored Holder acknowledges that before the Participant Sponsored Holder executed the Sponsorship Agreement, the Participant provided the Participant Sponsored Holder with an explanation of the effect of the Sponsorship Agreement and that the Participant Sponsored Holder understood the effect of the Sponsorship Agreement.
- 4.6. The Participant Sponsored Holder acknowledges that in the event of the death or bankruptcy of the Participant Sponsored Holder, a Holder Record Lock will be applied to all Participant Sponsored Holdings in accordance with the ASTC Settlement Rules, unless the Participant Sponsored Holder's legally appointed representative or trustee elects to remove the Participant Sponsored Holdings from the CHES Subregister.
- 4.7. The Participant Sponsored Holder acknowledges that in the event of the death of the Participant Sponsored Holder, this Sponsorship Agreement is deemed to remain in operation, in respect of the legally appointed representative authorised to administer the Participant Sponsored Holder's estate, subject to the consent of the legally appointed representative, for a period of up to three calendar months after the removal of a Holder Record Lock applied to Clause 4.6.

Section 10. Chess Sponsorship Agreement

FOR JOINT HOLDINGS ONLY

- 4.8 The Participant Sponsored Holder acknowledges that in the event of the death of one of the Holders, the Participant will transfer all Holdings under the joint Holder Record into new Holdings under a new Holder Record in the name of the surviving Participant Sponsored Holder/s, and that this Sponsorship Agreement will remain valid for the new Holdings under the new Holder Record.
- 4.9 The participant Sponsored Holder acknowledges that in the event of the bankruptcy of one of the Holders, the Participant will:
- (a) Unless the legally appointed representative of the bankrupt Participant Sponsored Holder elects to remove the Participant Sponsored Holdings from the CHESS Subregister, establish a new Holder Record in the name of the bankrupt Participant Sponsored Holder, transfer the request that ASTC apply a Holder Record Lock to all Holdings under the new Holder Record and request ASTC apply a Holder Record Lock to all Holdings under that Holder Record; and
 - (b) Establish a new Holder Record in the name(s) of the remaining Participant Sponsored Holder(s) and Transfer the interest of the remaining Participant Sponsored Holder(s) into new Holdings under the new Holder Record.

5. CHANGE OF CONTROLLING PARTICIPANT

- 5.1 If the Participant Sponsored Holder receives a Participant Change Notice from the Controlling Participant of the Participant Sponsored Holding and the Participant Change Notice was received at least 20 Business Days prior to the date proposed in the Participant Change Notice for the change of Controlling Participant, the Participant Sponsored Holder is under no obligation to agree to the change of Controlling Participant and may choose to do any of the things set out in clauses 5.2 or 5.3.
- 5.2 The Participant Sponsored Holder may choose to terminate the Agreement by giving Withdrawal Instructions under the ASTC Settlement Rules to the Controlling Participant, indicating whether the Participant Sponsored Holder wishes to:
- (a) Transfer its Participant Sponsored Holding to another Controlling Participant; or
 - (b) Transfer its Participant Sponsored Holding to one or more Issuer Sponsored Holdings.
- 5.3 If the Participant Sponsored Holder does not take any action to terminate the agreement in accordance with 5.2 above, and does not give any other instructions to the Controlling Participant which would indicate that the Participant Sponsored Holder does not agree to the change of Controlling Participant then, on the Effective Date, the Agreement will have been taken to be novated to the New Controlling Participant and will be binding on all parties as if, on the Effective Date:
- (a) The New Controlling Participant is a party to the Agreement in substitution for the Existing Controlling Participant;
 - (b) Any rights of the Existing Controlling Participant are transferred to the new Controlling Participant;
 - (c) The Existing Controlling Participant is released by the Participant Sponsored Holder from any obligations arising on or after the Effective Date.
- 5.4 The novation in clause 5.3 will not take effect until the Participant Sponsored Holder has received a notice from the New Controlling Participant confirming that the New Controlling Participant consents to acting as the Controlling participant for the Participant Sponsored Holder. The Effective Date may as a result be later than the date set out in the Participant Change Notice.
- 5.5 The Participant Sponsored Holder will be taken to have consented to the events referred to in clause 5.4 by the doing of any act which is consistent with the novation of the Agreement to the New Controlling Participant (for example by giving an instruction to the New Controlling Participant), on or after the Effective Date, and such consent will be taken to be given as the Effective Date.
- 5.6 The Agreement continues for the benefit of the Existing Controlling Participant in respect of any rights and obligations accruing before the Effective Date and, to the extent that any law or provision of any agreement makes the novation in clause 5.3 not binding or effective on the Effective Date, then the Agreement will continue for the benefit of the Existing Controlling Participant until such time as the novation is effective, and the Existing Controlling Participant will hold the benefit of the Agreement on trust for the New Controlling Participant.
- 5.7 Nothing in this clause 5 will prevent the completion of CHESS transactions by the Existing Controlling Participant where the obligation to complete those transactions arises before the Effective Date and the Agreement will continue to apply to the completion of those transaction, notwithstanding the novation of the Agreement to the New Controlling Participant under this clause 5.

Section 10. Chess Sponsorship Agreement

6. CLAIMS FOR COMPENSATION

- 6.1 Investors who suffer loss connected with a financial market as a default by a Participant or past Participant, can apply for compensation with the National Guarantee Fund
- 6.2 If the Participant breaches a provision of this Agreement and the Participant Sponsored Holder makes a claim for compensation pursuant to that breach, the ability of the Participant to satisfy that claim will depend on the financial circumstances of the Participant in the market.
- 6.3 If a breach by a Participant of a provision of this Agreement falls within the circumstances specified under Part 7.5, Division 4 of the Corporations Regulations, a Participant Sponsored Holder may make a claim on the National Guarantee Fund for compensation.

7. TERMINATION

- 7.1 Subject to the ASTC Settlement Rules, this Agreement will be terminated upon the occurrence of any of the following events:
- (a) By notice in writing from either the Participant Sponsored Holder or the Participant to the other party to the Agreement;
 - (b) Upon the Participant becoming insolvent;
 - (c) Upon the termination or suspension of the Participant; or
 - (d) Upon the giving of Withdrawal Instructions by a Participant Sponsored Holder to a Controlling Participant in accordance with Rule 7.1.10(c)
- 7.2 Termination under Clause 7.1(a) will be effective upon receipt of Notice by the other party to the Agreement.

8. VARIATION

- 8.1 Should any of the provisions in this Agreement be inconsistent with the provisions in the ASTC Settlement Rules, the Participant will, by giving the Participant Sponsored Holder not less than 7 Business Days written Notice, vary the Agreement to the extent to which in the Participant's reasonable opinion is necessary to remove any inconsistency.

EXECUTED as an Agreement

Execution by Participant Sponsored Holder
(Clients/s)

Client/s Signature

Clients/s Signature

Clients/s Signature

Execution by Participant
(Euroz Securities Limited)

Signed on behalf of Euroz Securities Limited

Section 11. Stock Transfer Form

Request to Transfer Stock to Euroz Securities Limited

If you are already sponsored with another broker and would like to transfer your CHESS holdings to sponsorship with Euroz Securities Limited, please complete and send this form to your existing broker.

TO

Enter your existing broker details

CLIENT NAME AND ADDRESS

From

Enter your details

And (If it is a joint account then complete this section).

Insert Your HIN

Enter your Holder Identification Number

Place a TICK in one of the following boxes to select your instructions

- 1 Please transfer to Euroz ALL my sponsored holdings, including stock in Nominee.
- 2 Please transfer to Euroz PART of my sponsored holdings as indicated below.
This may require me to re-apply for "Dividend Re-investment Plan" as well as re-submit my tax file number to the company.

If you selected BOX 2 above, you will need to itemise your holdings.

Stock Name	Stock Code	No. of Units
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Yours Faithfully

Name

Signature

Date

Name

Signature

Date

Please Note (i) For joint holdings each holder must sign (ii) If signed under Power of Attorney please attach a certified copy of the Power of Attorney.

OFFICE USE ONLY

Name

Signature

Date

A/C Number

Advisor

HIN

Brokerage

Witness

Signature

Date

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Section 12. Third Party Authority Form

CLIENT DETAILS

NAME

ADDRESS

DATE

To: The Manager

Euroz Securities Limited
Level 14, The Quadrant
1 William Street
Perth WA 6000

Account Name

Account Number (if known)

I/We hereby authorise whose signature appears below to:

- 1 Conduct, on my/our behalf, all transactions between myself/ourselves and Euroz Securities Limited.
- 2 Do all things incidental to operating my/our account and conducting transactions on my/our behalf. **This does not include signing power or authorising payments to third parties.**

This authorisation remains effective until notice of its revocation is received (in writing) by Euroz Securities Limited.

Account Holder's Signature

Account Holder's Signature

Signature of Third Party

Third Party Contact Details (please complete if contact details are different to the account holder)

Business Number

Home Number

Mobile Number

Facsimile Number

Email Address

Do you wish Third Party to receive contracts by email? Yes No

Note: If the Third Party is not an existing client of Euroz Securities Limited, the third party will also need to complete a 'Verification of Identity - Third Party Authority Holder'.

Section 12. Third Party Authority Form

Verification of Identity – Third party Authority Holder

STEP 1 – AGENT TO COMPLETE

AGENT(S) DETAILS

Agent 1:

Full Name and Residential Address (PO Box is not acceptable)

Relationship to the Client

Agent 2:

Full Name and Residential Address (PO Box is not acceptable)

Relationship to the Client

CLIENT ACCOUNT NAME

Client Account Number (if known)

I/We, as Agents of the Client, certify that the above details are true and correct

Signature

Date (dd/mm/yyyy)

STEP 2 – ESTABLISH YOUR IDENTITY VERIFICATION DOCUMENT AND PHOTOCOPY

IDENTITY VERIFICATION DOCUMENTS ATTACHED AS ANNEXURE "A"

You must provide evidence of the Agent's authority to act on behalf of the Client (eg. a signed letter, a signed authorisation form, signed power of attorney)

AND

Certified copy of a current Driver's Licence or Passport (Australian or foreign), containing signature and photograph of the individual Agents

OR

Australian or foreign birth or citizenship certificate or Centrelink pension or health card

PLUS

One of a recent (ie. current) Commonwealth, State or Territory financial benefit letter, Tax Office Advice letter (less than 12 months old) or municipal or utilities bill or letter of advice (less than 3 months old) containing the Agent's name and residential address

Section 13. Minor(s) Statement and Indemnity

Company or Trust in which Investment is Held

You are required to insert this number
Securityholder Reference Number (SRN)

Full Names(s) of Registered Holding

Registered Address

A MINOR(S) STATEMENT AND INDEMNITY

This form must be forwarded to the Issuer's Registry

Description of Securities
(Shares, Options etc)

Number of
Securities held

I/We do solemnly and sincerely declare I am/we are the guardians for the registered holder of the securities detailed above.
The above named securityholder is not yet of the legal age of consent as per certified copy of birth certificate provided herewith and cannot legally deal with matters pertaining to the holding.

I/We hereby request that the securities be registered in me/our name(s) and address as detailed below

Full name of Guardians(s)

Address to be Recorded on the Register

Unit Street Number Street Name

Or Post Office Box or the mail details (if applicable)

City/Suburb/Town

State

Postcode

In consideration of the security issuer registering the securities in my/our name(s) I/we hereby covenant to indemnify and forever keep indemnified the security issuer, the directors and trustees of the security issuer, the security registrar and the directors and officers of the security registrar from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against them by reason of compliance with this request.

Contact name

Telephone number-Business Hours

Telephone number- After Hours

B SIGN HERE - THIS SECTION MUST BE SIGNED AND WITNESSED FOR YOUR INSTRUCTIONS TO BE EXECUTED

I/We authorise you to act in accordance with my/our instructions set out above

Guardian 1

Guardian 2

Guardian 3

Witness

Witness

Witness

The witness(es) certifies that the person(s) who has/have signed this statement is/are known to the them and has/have signed in the presence of the witness with their normal signature(s)

Day Month Year

NOTE Australia The Corporations Act 2001 imposes severe penalties for making a false statement (\$10,000 or 2 years imprisonment or both) or failing to ensure a statement is not false or misleading (\$5000 or 1 year imprisonment or both).

Overseas Please complete this statutory declaration in accordance with the laws of the country in which it is declared and ensure it is legally witnessed.

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Section 14. Euroz Portfolio Access Request

Please provide me with online access to my Euroz Portfolio.

I/we acknowledge that I have read and understood the attached Portfolio Access Terms and agree to be bound by them.

Account Name	<input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Advisor	<input type="text"/>
Email address	<input type="text"/>

Associated accounts to be linked to this username

Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Existing username : (if applicable)

Signed by all account holders

(Please ensure this request is signed by all account holders for the accounts you have requested to be linked to this account)

Signature	<input type="text"/>	Signature	<input type="text"/>
Name:	_____	Name:	_____
Signature	<input type="text"/>	Signature	<input type="text"/>
Name:	_____	Name:	_____
Date :	_____		

ACCESS TERMS

INTRODUCTION

Euroz Securities Limited ("Euroz") has arranged for portfolio access ("the Portfolio System") to be provided to you by IRESS Market Technology Limited ("IRESS"). These Access Terms set out the basis upon which you may have access to the Portfolio System and by signing the Portfolio Access Request you agree to be bound by these Access Terms with respect to your use of the Portfolio System.

- 1. Compliance with IRESS Terms and Conditions**
You must comply with any terms and conditions that are imposed by IRESS with respect to your use of the Portfolio System.
- 2. Right to withdraw or suspend access**
Euroz reserves the right to withdraw or suspend your access to the Portfolio System at any time.
- 3. Manner of use**
 - 3.1** The Portfolio System is only for your use and, other than for purposes associated with the administration of your financial affairs, information that is available from the Portfolio System must not be disclosed to any other person or entity.
 - 3.2** You are responsible for the security of any passwords or other Logon ID that is used to allow you to have access to the Portfolio System. If you are aware of any unauthorised use of this information you must notify Euroz immediately.
- 4. Liability and indemnity**
 - 4.1** Euroz is not liable to you for any loss, damage, cost or expense whether direct or indirect, consequential or economic (and whether or not caused by Euroz's negligence or the negligence of a third party) which arises in connection with:
 - (a) Euroz acting in accordance with these Access Terms;
 - (b) your use of the Portfolio System including the Portfolio System or any part of it being unavailable; or
 - (c) the accuracy of any information that is made available to you from the Portfolio System.
 - 4.2** You agree to indemnify Euroz for all liabilities, losses, damages, costs and expenses sustained or incurred by Euroz as a result of your use of the Portfolio System and/or failure to comply with these Access Terms.

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Section 15. Sophisticated Investor Certificate

TO

Euroz Securities Limited
ACN 089 314 983
Level 14, The Quadrant
1 William Street
Perth WA 6000

INDIVIDUAL'S FULL NAME OR COMPANY NAME & ACN/ABN

COMPLETE ADDRESS DETAILS

In accordance with Section 708(8) of the Corporation Act 2001, I hereby certify that the identity whose details are set out above:

- (a) Has net assets of at least \$2.5 million; or
- (b) Has a gross income for each of the last 2 financial years of at least \$250,000 a year.

ACCOUNTANT'S DETAILS (Please print details below)

Full Name

Company

Address

Phone

Signature of Qualified Accountant

Date

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