

New account application pack

Trust (Individual or Corporate Trustees)



ACCOUNT OPENING FORM

| Helpful Information | |
|--------------------------|--|
| Mandatory Fields # | Please complete all fields with a # next to them |
| Additional Space | If there is insufficient space in any of the sections please attach additional paperwork |
| Source of Wealth | Please state your source of wealth (e.g. Employment, Investments, other) |
| Govt Id Type | Please provide a copy of a Government Issued Id. (e.g. Passport, Drivers Licence etc) |
| Section 3—Account Name | This is the name that will appear on Contract Notes and Statements Please be aware of the character limitations, First Line 40 characters and Second Line 19 characters |
| Section 3—Postal Address | This address can be a PO Box if required and is the address that the Contract Notes & Statements will be sent to if elected |
| Section 4—Bank Accounts | Please note that a Bank Account or CMT Account is required as UBS does not issue cheques |
| Section 4—Direct Debit | Please provide direct debit and credit authority to allow seamless settlement to and from your account on Settlement Day |
| Section 4—CMT Accounts | If you are trading Exchange Traded Options then you MUST have an account with a UBS approved CMT provider |
| Section 5—Confirmations | Please indicate how you want your Contract Notes from FNZC to be delivered. At least one copy must go to the Account Holder |

| 1. Trust Applicant (with Individual or Corporate Trustees) | | | | | | | | | | | | | | | | |
|--|--|--|--|---------|--|--|-------|-----|--------------------------|--|--|--|--|--|--|--|
| Trust Name # | | | | | | | | | | | | | | | | |
| | | Registered Office/Principal place of Business # (cannot be PO Box address) | | | | | | | | | | | | | | |
| Trust Type # | | Address Line 1 | | | | | | | | | | | | | | |
| Country of Establishment # | | Address Line 2 | | | | | | | | | | | | | | |
| TFN | | Address Line 3 | | | | | | | | | | | | | | |
| ABN | | Suburb/City | | | | | State | | | | | | | | | |
| | | Post Code | | Country | | | | | | | | | | | | |
| Trust Asset Source Details # (Please provide the details of the source of assets settled into the Trust) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| No trust appointer / guardian / protector details have been recorded as, confirmed and verified by a comprehensive review of the trust deed, including key word searches for "appointer" / "guardian" / "protector" / "appoint" / "remove", no such positions exist in relation to the trust | | | | | | | | Yes | <input type="checkbox"/> | | | | | | | |
| | | | | | | | | No | <input type="checkbox"/> | | | | | | | |
| No settlor details have been recorded as the trust's settled sum, confirmed and verified by the review of the trust deed, was less than AU\$100,000. | | | | | | | | Yes | <input type="checkbox"/> | | | | | | | |
| | | | | | | | | No | <input type="checkbox"/> | | | | | | | |

ACCOUNT OPENING FORM

| Trustee Details # | | | |
|--|------------------------------|---|--|
| Owner 1—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment |
| Work Phone | | | <input type="checkbox"/> Inheritance |
| Mobile Phone # | | | <input type="checkbox"/> Investments (Overseas) |
| Fax Number | | <input type="checkbox"/> Savings | <input type="checkbox"/> Investments (Domestic) |
| Email address | | <input type="checkbox"/> Gift / Windfall | |
| Second Email address | | Nationality # | |
| | | Occupation # | |
| | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|--|------------------------------|---|---|
| Owner 2—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|--|------------------------------|---|---|
| Owner 3—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|--|---|-----------------------------|---|
| Owner 4—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | | |
| Date of Birth # | | | |
| Gender # | | | |
| Tax File Number | | | |
| | | | |
| Contact Details (Please complete at least 1 contact detail) # | | | |
| Home Phone # | | | |
| Work Phone | | | |
| Mobile Phone # | | | |
| Fax Number | | | |
| Email address | | | |
| Second Email address | | | |
| | | | |
| Residential Address # (cannot be a PO Box address) | | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| Address Line 3 | | | |
| Suburb | | State | |
| Post Code | | Country | |
| | | | |
| Supplementary Details (Please provide at least 1 contact detail) | | | |
| Source of Wealth # (One option only) | <input type="checkbox"/> Employment | | <input type="checkbox"/> Inheritance |
| | <input type="checkbox"/> Investments (Overseas) | | <input type="checkbox"/> Investments (Domestic) |
| | <input type="checkbox"/> Savings | | <input type="checkbox"/> Gift / Windfall |
| Nationality # | | | |
| Occupation # | | | |
| Govt. ID Type # | | ID number # | |
| Australian tax resident? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | | | |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |

ACCOUNT OPENING FORM

| Beneficiary Details # | | | |
|--|------------------------------|---|---|
| Beneficiary 1—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Class of Beneficiaries (if individual Beneficiaries are not named) | | | |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | | | |
|--|--|---|--|--|--|
| Beneficiary 2—(Full Name) # | | | | | |
| Alternate / Previous Name | | | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | | | |
| Date of Birth # | | | | | |
| Gender # | | | | | |
| Tax File Number | | | | | |
| | | Address Line 1 | | | |
| | | Address Line 2 | | | |
| | | Address Line 3 | | | |
| | | Suburb | | State | |
| | | Post Code | | Country | |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | | | |
| Home Phone # | | | | | |
| Work Phone | | | | | |
| Mobile Phone # | | | | | |
| Fax Number | | | | | |
| Email address | | | | | |
| Second Email address | | | | | |
| | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall | | |
| | | Nationality # | | | |
| | | Occupation # | | | |
| | | Govt. ID Type # | | ID number # | |
| | | Australian tax resident? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Class of Beneficiaries (if individual Beneficiaries are not named) | | | | | |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | | | |
| No <input type="checkbox"/> Yes <input type="checkbox"/> Description of Relationship Description | | | | | |
| No <input type="checkbox"/> Yes <input type="checkbox"/> Description Description | | | | | |
| No <input type="checkbox"/> Yes <input type="checkbox"/> Description Description | | | | | |
| No <input type="checkbox"/> Yes <input type="checkbox"/> Description Description | | | | | |

ACCOUNT OPENING FORM

| | | | |
|--|------------------------------|---|---|
| Beneficiary 3—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Class of Beneficiaries (if individual Beneficiaries are not named) | | | |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|--|------------------------------|---|---|
| Beneficiary 4—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Class of Beneficiaries (if individual Beneficiaries are not named) | | | |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|--|------------------------------|---|---|
| Beneficiary 5—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Class of Beneficiaries (if individual Beneficiaries are not named) | | | |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|--|------------------------------|---|---|
| Beneficiary 6—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Class of Beneficiaries (if individual Beneficiaries are not named) | | | |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

All Contributors/Settlers/Grantor (if applicable) Full details

All Contributors/Settlers/
Executor/Protector 1—
(Full Name) #

Alternate / Previous Name

Applicant details (Please complete at least 1 contact detail)

Date of Birth #

Gender #

Tax File Number

Residential Address # (cannot be a PO Box address)

Address Line 1

Address Line 2

Address Line 3

Suburb

State

Post Code

Country

Contact Details (Please complete at least 1 contact detail)

Home Phone #

Work Phone

Mobile Phone #

Fax Number

Email address

Second Email address

Supplementary Details (Please provide at least 1 contact detail)

Source of Wealth #
(One option only)

☐ Employment

☐ Inheritance

☐ Investments (Overseas)

☐ Investments (Domestic)

☐ Savings

☐ Gift / Windfall

Nationality #

Occupation #

Govt. ID Type #

ID number #

Australian tax resident?

Yes ☐ No ☐

Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? #

No ☐

Yes ☐

Description of Relationship

No ☐

Yes ☐

Description

No ☐

Yes ☐

Description

No ☐

Yes ☐

Description

ACCOUNT OPENING FORM

| | | | |
|--|--|-----------------------------|---|
| All Contributors/Settlers/ Executor/Protector 2— (Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | | |
| Date of Birth # | | | |
| Gender # | | | |
| Tax File Number | | | |
| | | | |
| Contact Details (Please complete at least 1 contact detail) # | | | |
| Home Phone # | | | |
| Work Phone | | | |
| Mobile Phone # | | | |
| Fax Number | | | |
| Email address | | | |
| Second Email address | | | |
| | | | |
| Residential Address # (cannot be a PO Box address) | | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| Address Line 3 | | | |
| Suburb | | State | |
| Post Code | | Country | |
| | | | |
| Supplementary Details (Please provide at least 1 contact detail) | | | |
| Source of Wealth # (One option only) | <input type="checkbox"/> Employment | | <input type="checkbox"/> Inheritance |
| | <input type="checkbox"/> Investments (Overseas) | | <input type="checkbox"/> Investments (Domestic) |
| | <input type="checkbox"/> Savings | | <input type="checkbox"/> Gift / Windfall |
| Nationality # | | | |
| Occupation # | | | |
| Govt. ID Type # | | ID number # | |
| Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | | | |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |

ACCOUNT OPENING FORM

| | | | |
|--|--|-----------------------------|---|
| All Contributors/Settlers/Executor/Protector 3— (Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | | |
| Date of Birth # | | | |
| Gender # | | | |
| Tax File Number | | | |
| | | | |
| Contact Details (Please complete at least 1 contact detail) # | | | |
| Home Phone # | | | |
| Work Phone | | | |
| Mobile Phone # | | | |
| Fax Number | | | |
| Email address | | | |
| Second Email address | | | |
| | | | |
| Residential Address # (cannot be a PO Box address) | | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| Address Line 3 | | | |
| Suburb | | State | |
| Post Code | | Country | |
| | | | |
| Supplementary Details (Please provide at least 1 contact detail) | | | |
| Source of Wealth # (One option only) | <input type="checkbox"/> Employment | | <input type="checkbox"/> Inheritance |
| | <input type="checkbox"/> Investments (Overseas) | | <input type="checkbox"/> Investments (Domestic) |
| | <input type="checkbox"/> Savings | | <input type="checkbox"/> Gift / Windfall |
| Nationality # | | | |
| Occupation # | | | |
| Govt. ID Type # | | ID number # | |
| Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | | | |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |

ACCOUNT OPENING FORM

2. Corporate Trustees

2(a). Company Details

Company Name #

Company Type #

Country of Incorporation #

Date of Incorporation #

Company Industry #

ACN ☐ ABN ☐ ARBN ☐

1. Registered Office # (cannot be PO Box address)

Address Line 1

Address Line 2

Address Line 3

Suburb

State

Post code

Country

Principal place of business in Australia # (cannot be a PO Box address)

Address Line 1

Address Line 2

Address Line 3

Suburb

State

Post code

Country

2(b). Foreign Company—Additional information required if the company is Foreign

Foreign Registration Id #

Registration Body Id #

Registered by a Foreign Registration Body as a

Proprietary ☐ Public ☐

Local Agent Details (if applicable)

Local Agent Name

Address in Country of Formation/Incorporation/Registration #

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Country

Local Agents Address Details

Address Line 1

Address Line 2

Address Line 3

Suburb

State

Post Code

Country

ACCOUNT OPENING FORM

Directors of the Company—if proprietary and not licensed or subject to regulatory oversight, please provide full details for all Directors of the Company #

Director 1—(Full Name) #

Alternate / Previous Name

Applicant details (Please complete at least 1 contact detail) #

| | |
|-----------------|--|
| Date of Birth # | |
| Gender # | |
| Tax File Number | |

Residential Address # (cannot be a PO Box address)

| | | | |
|----------------|--|---------|--|
| Address Line 1 | | | |
| Address Line 2 | | | |
| Address Line 3 | | | |
| Suburb | | State | |
| Post Code | | Country | |

Contact Details (Please complete at least 1 contact detail) #

| | |
|----------------------|--|
| Home Phone # | |
| Work Phone | |
| Mobile Phone # | |
| Fax Number | |
| Email address | |
| Second Email address | |

Supplementary Details (Please provide at least 1 contact detail)

| | | |
|--|--|---|
| Source of Wealth # (One option only) | <input type="checkbox"/> Employment | <input type="checkbox"/> Inheritance |
| | <input type="checkbox"/> Investments (Overseas) | <input type="checkbox"/> Investments (Domestic) |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Gift / Windfall |
| Nationality # | | |
| Occupation # | | |
| Govt. ID Type # | | ID number # |
| Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? #

No ☐Yes ☐

Description of Relationship

No ☐Yes ☐

Description

No ☐Yes ☐

Description

No ☐Yes ☐

Description

ACCOUNT OPENING FORM

| | | | |
|---|--|---|---|
| Director 2—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | | |
| Date of Birth # | | | |
| Gender # | | | |
| Tax File Number | | | |
| Residential Address # (cannot be a PO Box address) | | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| Address Line 3 | | | |
| Suburb | | State | |
| Post Code | | Country | |
| Contact Details (Please complete at least 1 contact detail) # | | | |
| Home Phone # | | | |
| Work Phone | | | |
| Mobile Phone # | | | |
| Fax Number | | | |
| Email address | | | |
| Second Email address | | | |
| Supplementary Details (Please provide at least 1 contact detail) | | | |
| Source of Wealth # (One option only) | | <input type="checkbox"/> Employment | <input type="checkbox"/> Inheritance |
| | | <input type="checkbox"/> Investments (Overseas) | <input type="checkbox"/> Investments (Domestic) |
| | | <input type="checkbox"/> Savings | <input type="checkbox"/> Gift / Windfall |
| Nationality # | | | |
| Occupation # | | | |
| Govt. ID Type # | | ID number # | |
| Australian tax resident? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | |
|--|------------------------------|-----------------------------|--|
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|---|--|---|---|
| Director 3—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | | |
| Date of Birth # | | | |
| Gender # | | | |
| Tax File Number | | | |
| Residential Address # (cannot be a PO Box address) | | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| Address Line 3 | | | |
| Suburb | | State | |
| Post Code | | Country | |
| Contact Details (Please complete at least 1 contact detail) # | | | |
| Home Phone # | | | |
| Work Phone | | | |
| Mobile Phone # | | | |
| Fax Number | | | |
| Email address | | | |
| Second Email address | | | |
| Supplementary Details (Please provide at least 1 contact detail) | | | |
| Source of Wealth # (One option only) | | <input type="checkbox"/> Employment | <input type="checkbox"/> Inheritance |
| | | <input type="checkbox"/> Investments (Overseas) | <input type="checkbox"/> Investments (Domestic) |
| | | <input type="checkbox"/> Savings | <input type="checkbox"/> Gift / Windfall |
| Nationality # | | | |
| Occupation # | | | |
| Govt. ID Type # | | ID number # | |
| Australian tax resident? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | |
|--|------------------------------|-----------------------------|--|
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|---|--|--|---|
| Director 4—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | | |
| Date of Birth # | | | |
| Gender # | | | |
| Tax File Number | | | |
| Residential Address # (cannot be a PO Box address) | | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| Address Line 3 | | | |
| Suburb | | State | |
| Post Code | | Country | |
| Contact Details (Please complete at least 1 contact detail) # | | | |
| Home Phone # | | | |
| Work Phone | | | |
| Mobile Phone # | | | |
| Fax Number | | | |
| Email address | | | |
| Second Email address | | | |
| Supplementary Details (Please provide at least 1 contact detail) | | | |
| Source of Wealth # (One option only) | | <input type="checkbox"/> Employment | <input type="checkbox"/> Inheritance |
| | | <input type="checkbox"/> Investments (Overseas) | <input type="checkbox"/> Investments (Domestic) |
| | | <input type="checkbox"/> Savings | <input type="checkbox"/> Gift / Windfall |
| Nationality # | | | |
| Occupation # | | | |
| Govt. ID Type # | | ID number # | |
| Australian tax resident? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | | | |
|--|------------------------------|-----------------------------|--|
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|--|--|---|---|
| Director 5—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | |
|--|------------------------------|-----------------------------|--|
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|---|--|---|---|
| Director 6—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | | |
| Date of Birth # | | | |
| Gender # | | | |
| Tax File Number | | | |
| Residential Address # (cannot be a PO Box address) | | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| Address Line 3 | | | |
| Suburb | | State | |
| Post Code | | Country | |
| Contact Details (Please complete at least 1 contact detail) # | | | |
| Home Phone # | | | |
| Work Phone | | | |
| Mobile Phone # | | | |
| Fax Number | | | |
| Email address | | | |
| Second Email address | | | |
| Supplementary Details (Please provide at least 1 contact detail) | | | |
| Source of Wealth # (One option only) | | <input type="checkbox"/> Employment | <input type="checkbox"/> Inheritance |
| | | <input type="checkbox"/> Investments (Overseas) | <input type="checkbox"/> Investments (Domestic) |
| | | <input type="checkbox"/> Savings | <input type="checkbox"/> Gift / Windfall |
| Nationality # | | | |
| Occupation # | | | |
| Govt. ID Type # | | ID number # | |
| Australian tax resident? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | |
|--|------------------------------|-----------------------------|--|
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

Beneficial Owners—if proprietary and not licensed or subject to regulatory oversight, please provide full details of all Beneficial Owners of the Company#

| | | | |
|--|--|---|--|
| Beneficial Owner 1—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Work Phone | | Nationality # | |
| Mobile Phone # | | Occupation # | |
| Fax Number | | Govt. ID Type # | ID number # |
| Email address | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Second Email address | | | |

| | | | |
|--|------------------------------|-----------------------------|--|
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|--|------------------------------|---|---|
| Beneficial Owner 2—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|--|------------------------------|---|---|
| Beneficial Owner 3—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|--|--|---|---|
| Other 1 (Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | |
|--|------------------------------|-----------------------------|--|
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

| | | | |
|--|--|---|---|
| Other 2—(Full Name) # | | | |
| Alternate / Previous Name | | | |
| Applicant details (Please complete at least 1 contact detail) # | | Residential Address # (cannot be a PO Box address) | |
| Date of Birth # | | Address Line 1 | |
| Gender # | | Address Line 2 | |
| Tax File Number | | Address Line 3 | |
| | | Suburb | State |
| | | Post Code | Country |
| Contact Details (Please complete at least 1 contact detail) # | | Supplementary Details (Please provide at least 1 contact detail) | |
| Home Phone # | | Source of Wealth # (One option only) | <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance |
| Work Phone | | | <input type="checkbox"/> Investments (Overseas) <input type="checkbox"/> Investments (Domestic) |
| Mobile Phone # | | | <input type="checkbox"/> Savings <input type="checkbox"/> Gift / Windfall |
| Fax Number | | Nationality # | |
| Email address | | Occupation # | |
| Second Email address | | Govt. ID Type # | ID number # |
| | | Australian tax resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | |
|--|------------------------------|-----------------------------|--|
| Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group? # | | | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description of Relationship | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Description | |

ACCOUNT OPENING FORM

3. Account and Registration Details

| | | | | |
|--|--------------------------|---------|---|--|
| Account Name | | | | Max 40 characters |
| | | | | Max 19 characters |
| Same as Residential | <input type="checkbox"/> | | | |
| Please note that if you select confirmations from FNZC to be sent via post, then this is the address they will be sent to. | | | | |
| Postal Address # | | | | |
| Address Line 1 | | | | |
| Address Line 2 | | | | |
| Address Line 3 | | | | |
| Suburb | | State | | |
| Post Code | | Country | | |
| Registration Details #—(The Applicant's financial products will be registered in this name and at this address) | | | | |
| | | | | Same as Residential <input type="checkbox"/> |
| Holder Name 1 # | | | | |
| Holder Name 2 | | | | |
| Holder Name 3 | | | | |
| Designation | < | | > | |
| Designation—Maximum 24 characters (Please abbreviate if necessary) | | | | |
| Exchange Rules | | | | |
| <ul style="list-style-type: none"> - Prohibit the use of the following words, TF, ATF, Trust or Trustee within the Designation of the Account - Require that the Holder Name(s), Designation and Address do not exceed a total of 180 characters | | | | |

4. Banking Information

The applicant must have ultimate beneficial ownership of the account and where possible be in the exact name as the Account name

Bank Account Details

| | | | | |
|--|-------------------------------------|--|--|--|
| Please note: The account must be with an Australian Authorised Deposit-taking Institution or an Australian branch of a Foreign Authorised Deposit-taking Institution. | Account Name | | | |
| | Institution | | | |
| | BSB number | | | |
| | Account Number (last 9 digits only) | | | |

Cash Management Trust / Account (CMT / CMA) Authority (Please ask your Adviser for details of approved CMT providers)

| | | | |
|------------------|--|----------------|--|
| CMT/CMA Provider | | BSB Number | |
| Account Name | | Account Number | |

Dividend Payment Details

| | | | |
|--------------|--|----------------|--|
| Account Name | | Branch | |
| BSB number | | Account Number | |

Direct Debit Request

| | | | |
|---|--------------------------|----|--------------------------|
| Do you request UBSSA to directly debit from your bank (or other financial institution) account any amount required to settle any transaction executed or outstanding for you? | | | |
| Note: By selecting NO to this option, you are required to ensure that funds are available in your UBS account before 10:30am on the day of settlement. If your account is broker or issuer sponsored, it is a requirement that banking details are provided in order to process payments for sell trades. | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

5. Confirmations

Note that a confirmation of each transaction which FNZC arranges to execute for the Applicant will be sent directly to the Applicant by FNZC. UBSSA will not send any confirmation directly to the Applicant on the basis that the account opened the General Terms (for the execution of transactions through a Relevant Exchange) will be opened in the name of FNZC. Please be aware that FNZC may also send a copy to a third party to facilitate settlement or the updating of a portfolio system. Please indicate how you would like to receive your FNZC confirmations.

Do you wish to receive confirmations from FNZC by Email? Yes ☐ No ☐ Email

This must be the email address of the Applicant (if the Applicant is a company, the email address of a director or employee of the company) and not that of a third party

Do you wish to receive confirmations by Fax? Yes ☐ No ☐ Fax No.

Do you wish to receive confirmations by Post? Yes ☐ No ☐ This will be sent to the Account Postal address in section 3

6. Additional Products Traded

| | | | | | |
|-------------|--------------------------------------|-----|--------------------------|----|--------------------------|
| Warrants | Do you wish to trade in Warrants? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Derivatives | Do you wish to trade in Derivatives? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| mFunds | Do you wish to trade in mFunds? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

7. Acknowledgements

By signing this application form in section 9 you acknowledge that you have received, read and understood each of the following documents.

| | |
|---|--|
| 7.1 UBS Securities Australia Limited—Financial Services Guide | 7.5 General Terms |
| 7.2 ASX Explanatory Booklet on Warrants and Derivatives (if applicable) | 7.6 Direct Debit Request Service Agreement |
| 7.3 UBSSA Best Execution Arrangements | 7.7 Warrant Client Agreement (if applicable) |
| 7.4 UBSSA Product Disclosure Statement in relation to ASX Derivatives (if applicable) | 7.8 Derivatives Terms (if applicable) |
| 7.5 Explanation of CHESS Sponsorship Agreement | 7.10 Sponsorship Terms |

8. Customer Verification Requirements

Current, valid, certified copies of identification documents for each applicant must be obtained. Documents must be certified as a true copy of the original by a justice of the peace, lawyer with current practicing certificate, registered chartered accountant or any other person authorised under the Australia AML/ CTF Rules Instrument 2007 (No. 1).

(a) If this is an Individual/Joint Application, please attach:

- A certified copy of your current driver's license (with photo) or current passport; and
- A utility bill (phone, gas or electricity) dated last 3 months, for each applicant

(b) If this is a Company Application, please attach:

- An ASIC company extract or a certified copy of a certificate of registration issued by ASIC (or a foreign equivalent document if an unregistered, (not registered with ASIC) foreign company); and If a proprietary company, for all relevant beneficial owners, controllers and at least 2 directors of the company, requirements as per 8(a).
- (A relevant beneficial owner is a person who owns more than 25% of the issued capital of a company that is domiciled in a non-sensitive country like Australia).

(c) If this is a Trust Application, please attach:

- A current certified copy or a certified extract of the Trust Deed to this form; and
- For all Individual Trustees, obtain requirements as per 8(a) and for Corporate Trustees 8(b).

9. Copies of Documents

Have you attached the following documents to this form? (UBSSA will be unable to open an account unless the required documents are attached).

| | | |
|---|------------------------------|------------------------------|
| 9.1 Current certified copies of identification documents for each applicant (see section 8 above) | | Yes <input type="checkbox"/> |
| 9.2 Warrant Client Agreement (if applicable) | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 9.3 ASX Clear Registered Holder Collateral Cover Authorisation form (if applicable) | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 9.4 Acknowledgement to UBS Securities Australia Limited form (Required to authorise your Adviser to place orders with UBSSA on your behalf) | | Yes <input type="checkbox"/> |
| 9.5 mFunds Investor Fact Sheet | | Yes <input type="checkbox"/> |

ACCOUNT OPENING FORM

10. Execution (this section is mandatory)

Executed by the Applicant(s) - (Note that if this is a company application, this agreement must be executed by 2 directors or 1 director and 1 company secretary, or if the company has only 1 director who is also the sole secretary (if any), that person.)

Owner 1/Director 1/Executor 1

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Signature | Name |
| <input type="text"/> | <input type="text"/> |
| Signature of Witness | Name of Witness |
| <input type="text"/> | <input type="text"/> |
| | Date |

Owner 2/Director 2

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Signature | Name |
| <input type="text"/> | <input type="text"/> |
| Signature of Witness | Name of Witness |
| <input type="text"/> | <input type="text"/> |
| | Date |

Owner 3

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Signature | Name |
| <input type="text"/> | <input type="text"/> |
| Signature of Witness | Name of Witness |
| <input type="text"/> | <input type="text"/> |
| | Date |

Please return all pages of this Application Form to

Office use only

UBSSA agrees to be bound by the following documentation:

- | | |
|--|--|
| (a) General Terms | (d) Warrant Client Agreement (if applicable) |
| (b) Direct Debit Request Service Agreement | (e) Derivatives Terms (if applicable) |
| (c) Sponsorship Terms | (f) UBSSA Best Execution Arrangements |

EXECUTED by an authorised signatory of
as an authorised signatory for UBS SECURITIES AUSTRALIA LIMITED in the presence of:

| | | |
|-----------------------------|-------------------------|------------------------------------|
| Signature of Officer | Signature of Witness | CHESS Sponsorship |
| Name of Officer (print) | Name of Witness (print) | Holder Identification Number (HIN) |
| Authorised Signatory | | |
| Office Held | Date | |

UBS Securities Australia Limited is not an Authorised Deposit-Taking Institutions under the Banking Act 1959 (Cth). The obligations of UBS Securities Australia Limited do not represent deposits or other liabilities of UBS AG, and UBS AG does not stand behind, support or guarantee UBS Securities Australia Limited in any way.



Acknowledgement to UBS Securities Australia Limited

| Account type | | | | | |
|--|---|----------------------------|--|--------------------|--------------------------|
| Individual Applicant | <input type="checkbox"/> | Sole Trader | <input type="checkbox"/> | Joint Applicant | <input type="checkbox"/> |
| Trust (individual Trustees) | <input type="checkbox"/> | Trust (Corporate Trustees) | <input type="checkbox"/> | Company (Domestic) | <input type="checkbox"/> |
| Company (Foreign) | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Association | <input type="checkbox"/> |
| Co-operative | <input type="checkbox"/> | Government Body | <input type="checkbox"/> | Deceased Estate | <input type="checkbox"/> |
| Account name | | | | | |
| Account Designation | | | | | |
| < > | | | | | |
| Name of Applicant 1/Directors 1/Trustee 1 (delete whichever is not applicable) | | | | | |
| Name of Applicant 2/Directors 2/Trustee 2 (delete whichever is not applicable) | | | | | |
| Name of Applicant 3 (delete whichever is not applicable) | | | | | |
| Acknowledgements | | | | | |
| Relevant only where the residential address of one or more Applicants is in the following jurisdictions – UK, Hong Kong, South Africa, Switzerland, or Germany : | | | | | |
| I / we confirm that the intermediary did not actively market the services mentioned in this application form to me / us in the jurisdiction of my residential address (e.g. I / we contacted the Intermediary regarding the provision of these services) | | | | | |
| CONFIRMED | | <input type="checkbox"/> | UNABLE TO CONFIRM | | <input type="checkbox"/> |
| Relevant only where the residential address of one or more Applicants is in Singapore : | | | | | |
| I / we confirm that: | | | | | |
| <ul style="list-style-type: none"> I / we had an existing business relationship with the Intermediary which was established when I / we was / were not a resident of Singapore; and I / we confirm that the intermediary did not actively market the services mentioned in this application form to me / us in Singapore (e.g. I / we contacted the Intermediary regarding the provision of these services). | | | | | |
| CONFIRMED | | <input type="checkbox"/> | UNABLE TO CONFIRM | | <input type="checkbox"/> |
| By signing this form you acknowledge that you have received, read, understood and agree to be bound by the following documents: | | | | | |
| 1 | UBS Securities Australia Limited Financial Services Guide | 6 | General Terms | | |
| 2 | ASX Explanatory Booklet on warrants (if applicable) | 7 | Direct Debit Request Service Agreement | | |
| 3 | UBSSA Best Execution Arrangements | 8 | Warrant Client Agreement (if applicable) | | |
| 4 | UBSSA Product Disclosure Statement in relation to ASX derivatives (if applicable) | 9 | Derivatives Terms (if applicable) | | |
| 5 | Explanation of CHESS Sponsorship Agreement | 10 | Sponsorship Terms | | |
| By signing this form you acknowledge that, under the General Terms, you have appointed FNZC as your agent to open an account in its name for the purposes of placing Orders with UBS Securities Australia Ltd to purchase, sell, subscribe for or otherwise deal in Financial Products and have authorised FNZC to communicate your Orders and other instructions and information to UBS Securities Australia Ltd for execution clearance and settlement by UBS Securities Australia Limited (including in respect of financial products in held in your Holding under the Sponsorship Terms). | | | | | |

ACKNOWLEDGEMENT FORM

| Executed by the Applicant | | |
|---|------|------|
| Owner 1/Director 1/Trustee 1 (delete whichever is not applicable) | | |
| | | |
| Signature | Name | Date |
| Owner 2/Director 2/Trustee 2 (delete whichever is not applicable) | | |
| | | |
| Signature | Name | Date |
| Owner 3 | | |
| | | |
| Signature | Name | Date |

Please return this Acknowledgment Form to

| FNZC use only | |
|--|--|
| By signing this form the FNZC represents and warrants to UBS Securities Australia that FNZC has complied with its obligations under the Execution, Clearing and Settlement Agreement in respect of this Applicant: | |
| Executed for | by an authorized officer in the presence of: |
| Signature of Officer | Signature of Witness |
| Name of Officer (print) | Name of Witness (print) |
| Authorised Officer | |
| Office Held | Date |

UBS Securities Australia Limited is not an Authorised Deposit-Taking Institutions under the Banking Act 1959 (Cth). The obligations of UBS Securities Australia Limited do not represent deposits or other liabilities of UBS AG, and UBS AG does not stand behind, support or guarantee UBS Securities Australia Limited in any way.

DIRECT DEBIT REQUEST FORM

| Direct Debit Request Form | | | |
|---|--|---|--|
| Account type | | | |
| Individual | <input type="checkbox"/> | a trust or superannuation fund with individual trustee(s) | <input type="checkbox"/> |
| Joint | <input type="checkbox"/> | a trust or superannuation fund with corporate trustee | <input type="checkbox"/> |
| Company | <input type="checkbox"/> | | |
| Account Name | | | |
| Account Designation | | | |
| < > | | | |
| TFN | ACN/ABN/ARBN (of company if applicable) | | |
| | | | |
| Name(s) of trustee (if applicable) | | | |
| | | | |
| TFN of trustee (if applicable) | ACN/ABN/ARBN of trustee (of company if applicable) | | |
| | | | |
| Direct debit request | | | |
| Do you request UBSSA to directly debit from your bank (or other financial institution) account listed below any amount required to settle any transactions executed for you? The account must be with an Australian Authorised Deposit-taking Institution or an Australian branch of a Foreign Authorised Deposit-taking Institution. | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | |
| Account name | | BSB | Account number (last 9 digits only) |
| Acknowledgements By signing this form you acknowledge that you have received, read, understood and agree to be bound by the following document: | | | |
| 1. Direct Debit Request Service Agreement | | | |
| Executed by the Applicant | | | |
| Owner 1/director 1 (delete whichever is not applicable) | | | |
| | | | |
| Signature | Name | Date | |
| Owner 2/director 2 (delete whichever is not applicable) | | | |
| | | | |
| Signature | Name | Date | |
| Applicant 3 | | | |
| | | | |
| Signature | Name | Date | |

Please return this Direct Debit Request Form to

| | |
|--|-------------------------|
| Office use only | |
| UBSSA agrees to be bound by the following documentation: | |
| (a) UBSSA Direct Debit Request Service Agreement | |
| EXECUTED by UBS SECURITIES AUSTRALIA LIMITED | |
| Signed for UBS Securities Australia Limited by an authorised officer in the presence of: | |
| | |
| | Signature of Officer |
| | |
| Signature of Witness | Name of Officer (print) |
| | Authorised Officer |
| Name of Witness (print) | Office Held |
| Dated this | |
| | day of |
| | 20 |
| | |

CHESS SPONSORSHIP TRANSFER

CHESS Sponsorship Transfer

If you wish to transfer your existing Broker sponsored or Issuer (Company) sponsored holdings and ETO Open Positions to or from your UBS Securities Australia Limited account, please complete this form and return it to your adviser.

If you are transferring securities from more than one broker, please use a separate form for each broker

| Section A | | For Broker Sponsored Holdings: | |
|--|--|--------------------------------|--|
| 1. | Name of New Sponsoring Broker: | <input type="text"/> | PID <input type="text"/> |
| 2. | Name of Existing Sponsoring Broker: | <input type="text"/> | |
| 3. | Name of Intermediary: | <input type="text"/> | |
| 4. | Holder Identification Number (HIN): | <input type="text"/> | PID <input type="text"/> |
| 5. | Account Name: | <input type="text"/> | |
| Account Designation: | | < | A/C > |
| Registration Address: | | <input type="text"/> | |
| | | <input type="text"/> | |
| | | <input type="text"/> | |
| | | <input type="text"/> | |
| UBS Account Number: | | <input type="text"/> | |
| 6. Holdings to be Transferred (Please ✓ one) | | | |
| <input type="checkbox"/> | All Holdings ⇨ Please complete Section C | | <input type="checkbox"/> Selected Holdings ⇨ Please complete Section B, C and D if additional space required |
| <input type="checkbox"/> | All Holdings and ETO positions ⇨ Please complete Section C | | |
| <p>If "All Holdings" is ticked, your HIN will be transferred from your existing broker together with all your sponsored holdings. If you tick selected holdings, then UBS Securities Australia Limited will issue you a new HIN and the holdings listed below will be transferred onto your new HIN.</p> | | | |

Section B

For Issuer Sponsored or Partial Broker Transfers:

1

Securities to be Transferred. Please attach a copy of your latest Issuer or Broker sponsored statement(s).

| ASX Code | Security Name and Description | SRN Number | No of Securities | Cost Price |
|----------|-------------------------------|------------|------------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Section C

Client Authorisation:

1.

I/We authorise and direct my sponsoring broker to transfer my/our shareholdings and ETO Open positions in accordance with the Exchange Rules to UBS Securities Australia Limited—CHESS PID 01505

Client Signature

Client Signature

Name (Please print)

Date

Name (Please print)

Date

IMPORTANT—Please remember to attach a copy of your latest Issuer or Broker sponsored statement(s)

CHES Sponsorship Transfer continued

[illegible]

IMPORTANT—Please remember to attach a copy of your latest Issuer or Broker sponsored statement(s)

REGISTERED HOLDER COLLATERAL COVER AUTHORISATION

Client Account Numbers this
Authorisation covers¹:

.....
.....
.....

1. We/I,

.....
(insert name of Registered Holder)

"the Registered Holder"), Holder Identification Number

.....
(insert HIN)

authorise my Controlling Participant, to reserve (or withdraw) Financial Products (the "Collateral") registered in the name of the Registered Holder in the ASX Clear Pty Ltd, ABN 48 001 314 503 ("ASX Clear") Subposition as Collateral Cover for obligations in respect of Options Market Contracts registered in the Client Accounts nominated above with

UBS Securities Australia Ltd ACN 008 586 481

.....
(insert ASX Clear Participant's name)

2. The Registered Holder acknowledges that ASX Clear may, in its absolute discretion, decline to accept in relation to all or any particular Client Account nominated above for the purposes of accepting paperless lodgements.
3. The Registered Holder acknowledges that on behalf of the Registered Holder, the Controlling Participant will reserve (or withdraw) Collateral in the ASX Clear Subposition by sending the appropriate Collateral lodgement message so that the Collateral lodged comes under the control of ASX Clear, or Collateral withdrawn leaves the control of ASX Clear, in accordance with the ASX Clear Rules and Procedures (as amended from time to time).
4. In registering Collateral in the ASX Clear Subposition, the Registered Holder acknowledges that the Collateral will be subject to a fixed charge (the "Charge") in favour of ASX Clear from the time they are reserved to the ASX Clear Subposition in the manner referred to above, and will remain subject to the Charge until ASX Clear permits it to be withdrawn from the ASX Clear Subposition.
5. The Registered Holder acknowledges that the Charge secures all amounts and obligations owing by the ASX Clear Participant to ASX Clear in connection with the Client Accounts nominated above¹ opened by the ASX Clear Participant in accordance with the ASX Clear Operating Rules and Procedures (as amended from time to time).
6. The Registered Holder acknowledges that the Registered Holder has read and understood the ASX Clear Operating Rules and the ASX Settlement Operating Rules, in so far as those rules relate to the Collateral and the Charge, including:
 - (a) ASX Clear's power to deal with the Collateral on default by the ASX Clear Controlling Participant in respect of the Client Accounts nominated above¹; and
 - (b) in particular, ASX Clear's power of sale in relation to the Collateral without any notice to the Registered Holder.
7. The Registered Holder warrants that unless ASX Clear otherwise agrees in writing, the Collateral is not and may not be subject to any other security interest, other than a security interest provided to a margin lender under a deed of priority, entered into between ASX Clear and the margin lender, which provides that ASX Clear's Charge has priority over the margin lender's security interest ("the Deed of Priority") or a security interest as permitted under the ASX Clear Operating Rules or the ASX Settlement Operating Rules.
8. If the Registered Holder's Controlling Participant named in this Authorisation is a margin lender the Registered Holder warrants that they have signed an acknowledgement regarding the Deed of Priority as set out in Schedule 2 or Schedule 3, as applicable, to the Deed of Priority.
9. If the ASX Clear Participant is unable to insert the Account Numbers and/or HIN at the time the Registered Holder signs this form the Registered Holder irrevocably authorises the ASX Clear Participant to insert the Account Numbers and/or HIN on this agreement and agrees the ASX Clear Participant will insert the Account Numbers and/or HIN on the Registered Holder's behalf, prior to lodging this Authorisation with ASX Clear. The ASX Clear Participant agrees that it will notify the Registered Holder of the Account Numbers and/or HIN in writing as soon as reasonably possible.
10. Defined terms have the same meaning as defined in the ASX Clear Operating Rules or the ASX Settlement Operating Rules and Procedures (as amended from time to time).

Signed by the Registered Holder:*

Witnessed by:

.....

.....

Dated:

Print Name:

* If the Registered Holder is a corporation, the Authorisation must be signed in accordance with the Corporations Act. If the Authorisation is signed under power of attorney, a copy of the power of attorney must also be attached to this Authorisation.



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Chifley Square
Sydney NSW 2001
Tel: +61 2 9324 2000
www.ubs.com

ABN 62 008 586 481
AFS Licence 231098

UBS Securities Australia Limited is a subsidiary of UBS AG
A participant of ASX Group