

BANK OF QUEENSLAND MARGIN LENDING



Adviser Form – Authority to perform additional transactions

Please use black ink and BLOCK letters.

The purpose of this form is to give you the ability to authorise your nominated Adviser and/or Adviser's assistant to perform a range of transactions on your facility, either electronically or on paper.

By completing this form, you authorise your Adviser to perform the following types of transactions, including but not limited to:

- Fixing the interest rate for your loan and nominating how interest is to be prepaid (e.g. direct debit from a pre-nominated bank account).
- Transferring funds from your loan to your nominated bank account;
- Transferring funds into your loan from a nominated bank account; and
- Administrative requests that do not require a client signature by law.

Your Adviser or Adviser's Assistant will not have authority under this Adviser Authority Form to:

- Transfer part or all of your portfolio holdings that would result in a change of beneficial ownership of those assets;
- Change a nominated bank account;
- Transfer loan funds to a non nominated bank account; or
- Open a new loan account.

Your Facility Details

Please list below the loan facilities that you wish to give your Adviser and/or Adviser's Assistant authority over. Please cross out any blank fields.

Facility Number

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility Name

Your Adviser's Details

Please request your Adviser and/or Adviser's Assistant to complete the following:

Adviser authorised to act on your facility(s):
Dealer Group Name:
Adviser MAC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (please complete this field so you can track your authorisation status via Margin Lending Online).

Adviser Signature: _____ Date ____/____/____

Adviser's Assistant authorised to act on your facility(s) (if applicable):

Adviser's Assistant MAC
(please complete this field so you can track your authorisation status via Margin Lending Online).

Adviser's Assistant Signature: _____ Date ____/____/____

By signing below, you authorise your Adviser and/or Adviser's Assistant to transact on your behalf.

Consents/Acknowledgements

- I/We acknowledge that by signing this form and returning it to the Lender, I/we authorise the Lender to act on any instruction given to it by my Adviser or Adviser's Assistant that I/we have nominated in respect of the transaction types outlined above.
- I/We acknowledge that the Lender may verify instructions or obtain additional information by contacting any one or more of the persons that I/we have authorised for this purpose, but is not obliged to.
- I/We acknowledge that the Lender will continue to act on requests and instructions from my Adviser until I/we revoke my/our consent.
- By signing this form, I/we cannot later claim that my Adviser or Adviser's Assistant was not acting on my/our behalf when giving instructions to the Lender in relation to the matters set out above.
- By signing this form, I/we release and indemnify the Lender from all losses and liabilities arising out of, or in connection with, directly or indirectly, the Lender acting on the instructions of the authorised persons detailed above.

All Borrowers and Third Parties to the facilities must sign below.

Authorised Signature(s): _____

Please print name: _____

Date ____/____/____

Bank of Queensland will write to you to confirm the authorised persons nominated for each facility. Please check the letter(s) carefully. If it was not your intention to nominate the authorised persons listed in this letter, please contact the Account Management Team immediately on 1300 78 37 09

Please return this request to Bank of Queensland Margin Lending.
To: Bank of Queensland Margin Lending Facsimile: 1300 78 37 16
GPO Box 3125
Sydney NSW 2001

Macquarie Bank Limited ABN 46 008 583 542 ("the Lender") is the Lender under the Bank of Queensland Margin Loan. The Bank of Queensland Limited ABN 32 009 656 740 (Bank of Queensland) does not guarantee or otherwise support the Lender's obligations under the Loan and Security Agreement for the Bank of Queensland Margin Loan.

Office Use Only: Account Manager _____ Date _____