



Dealer Group Bank Account Nomination Form

Share Trading is a service provided by Australian Investment Exchange Ltd (the Participant, we, us, our)
ABN 71 076 515 930 AFSL 241400, a participant of the ASX Group and Chi-X Australia.

Complete this form to nominate the Dealer Group bank account to receive all adviser Batch Fee Collections.
Please note: The bank account nominated must be in the Dealer Group's name.
If you need information about how to open a bank account for this purpose, please contact your account manager.

Instructions
Once the relevant sections have been completed and signed, please return the form via email using the email address details at the top of the page. We will also **require a scanned copy of certified identification for all directors who sign the form.**
Please note: we may contact you to validate instructions we have received.

Section 1 – Company Details

AFSL Holder Name (the Licensee)

AFSL Number

Australian Business Number (ABN) – optional
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Section 2 – Direct Credit Authorisation

I/We (full name or company name and ACN):

- provide authority to the Participant to direct credit the bank account detailed below with Adviser-initiated fees collected from individual client Commonwealth Bank Accelerator Cash Accounts through the Bank Electronic Clearing System.

The account nominated below will be used to facilitate batch fee collections initiated by advisers registered to the Dealer Group.

Account Name

BSB Account Number

- agree that my/our account may be direct credited by the Participant in conjunction with the client's Accelerator Cash Account 'Authority to Operate' form.
- acknowledge having read and accepted the terms and conditions governing debit/credit arrangements between ourself and the Participant as set out in this nomination and in the Dealer Group Service Agreement.

Certified identification has been attached for all directors who have signed the form.

We will be unable to process forms where certified identification has not been supplied.

Director 1

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Signature

Please note: If more than one director exists, please provide at least two director signatures.

Director 2

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Signature

Rights and Responsibilities

Your Rights:

You may terminate this Direct Credit arrangement for the collection of adviser bulk fees, however, this termination must be in writing;

Where you consider that a credit amount may be incorrect in either date received or amount or both, you should raise the matter with the Participant.

Your Responsibilities:

To advise the Participant if the account you have nominated to credit adviser fees is transferred or closed;

To ensure suitable arrangements are made if the account nominated for Direct Credits is cancelled;

- by yourself,
- by your nominated financial institution, or
- for any other reason.