

Direct Margin Lending Nominated Adviser Form



St. George Bank - A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714

Complete this form to add/change or remove an adviser on your current margin loan facility.

Section 1 Name of borrower(s) on the Direct Margin Lending Facility

Borrower(s)

Details

Borrower(s) Client Reference Number

Section 2 I/We request you to (please tick (✓) one)

Adviser Request

Add an adviser to my/our margin loan account

Change the adviser on my/our margin loan account

Remove the existing adviser from my/our margin loan account.

Section 3 (if any)

Existing Adviser

Details

Name of adviser

AFS licensee name

AFS Licence No.

Dealer group

Section 4

New Adviser

Details

Title

Surname

Given name(s) in full

Adviser company

AFS Licence No.

Dealer group

ABN

Mailing Address

Suburb

State

Postcode

Country

Home Phone Number

() _____

Work Phone Number

() _____

Fax Number

() _____

Email Address

Mobile Phone Number

Section 5 Would you like a copy of your margin lending statement sent to your adviser?

Statements

Yes

No

Section 6 Borrower

Authorised

Signatory

Would you like your adviser to be your authorised signatory?

If no selection is made, statements will not be sent to your adviser.

Yes > Your adviser must complete the rest of this section

By saying "Yes", you give your adviser the authority to act on your margin lending facility in all matters as if they were you. You must notify us immediately if you wish to revoke this authority at any time.

No > Skip to Declaration and Signing

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Section 6 Adviser

Authorised Signatory (continued)

Have you, the adviser, already provided Direct Margin Lending your Proof of Identity?

By saying "Yes", you give your adviser the authority to act on your margin lending facility in all matters as if they were you. You must notify us immediately if you wish to revoke this authority.

Yes > Skip to Section 7

No > Please complete the below details

Please provide us with a copy of the adviser's identification as per the Proof of Identity Requirements as stated below.

Date of birth

____ / ____ / ____

Residential Address - P.O. Box not accepted

Suburb

State

Postcode

Country

Proof of Identity Requirements

Select **ONE** valid option from this section only

The identification provided must contain the individual's full name and either residential address (not PO Box) and/or date of birth	Australian State / Territory driver's licence containing a photograph of the person	<input type="checkbox"/>
	Australian passport (a passport that has expired within the preceding 2 years is acceptable)	<input type="checkbox"/>
	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person	<input type="checkbox"/>
	Foreign passport or similar travel document containing a photograph and the signature of the person*	<input type="checkbox"/>

*Documents that are written in a language other than English must be accompanied by an English translation prepared by an accredited translator.

If you are unable to provide one of the forms of identification detailed above, please contact our Client Service Team on 1300 300 128 for further options.

Section 7 Declaration and I/We authorise the person(s) identified as the New Adviser in Section 4 to act on my/our behalf in relation to the my/our margin lending facility.

Signing I/We authorise the revocation and/or changes to my/our existing Authorised Signatory as identified in this form.

First Borrower
Print Full Name

Second Borrower
Print Full Name

Signature

X

Signature

X

Date

____ / ____ / ____

Date

____ / ____ / ____

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Section 7 Company Borrower

Declaration and Signing (continued) In all cases, either two directors, one director and one secretary or the sole director/secretary must sign.

Company director

Print Full Name

Office held

Signature

X

Date

____ / ____ / ____

Adviser's Signature

X

Date

____ / ____ / ____

Adviser's Stamp (including AFS Licensee number)

Company director/Secretary (if applicable)

Print Full Name

Office held

Signature

X

Date

____ / ____ / ____



Please send the completed form and photocopies of relevant required identification to:

Direct Margin Lending
Reply Paid 1842
Royal Exchange NSW 1224
or fax to 1300 768 894
or international +61 2 9995 8280

Office Use Only

Actioned By

Date

____ / ____ / ____

Reviewed By

Date

____ / ____ / ____