

CLIENT APPLICATION FORM

All transactions are executed and cleared by Morrison Securities Pty Limited (**Morrison Securities**) ABN 50 001 430 342 AFSL No 241737 Level 7, 7-15 Macquarie Place Sydney NSW 2000

Buying Shares? Before proceeding with this application please note:

A requirement of opening an account with Morrisons Securities is that you will settle your trades with a Cash Management Account (CMA).

If you have an active CMA, please complete a Third Party Authority form with the Financial Institution giving Morrisons Securities withdrawal authority. Your advisor may be able to assist with providing the required forms.

If you require a new CMA, please visit <https://www.macquarie.com> and search for "Cash Management Account".

If you wish to trade prior to your CMA being opened, you can Bpay the funds to Morrison Securities Pty Ltd using the details on your contract note. Funds must be received by 12pm on the day prior to settlement

Please ensure you have read and understood:

- Morrison Securities Equities Terms and Conditions (Part E)
- Morrison Securities Explanation of CHESS Sponsorship (Part F)
- Morrison Securities Direct Debit Request and Service Agreement (Part G)
- Morrison Securities Product Disclosure Statement (PDS) for Exchange Traded Options (Part H)
- Morrison Securities Derivatives Client Agreement (Part I)
- Morrison Securities Privacy Policy and Client Statement (Part J)
- Morrison Securities Financial Services Guide (FSG) (Part K)
- Intermediary Terms and Conditions (Part L)
- Intermediary Financial Services Guide (FSG) (Part M)

In order to process your Application, we will need:

- Completed and signed Client Application Form (Part A)
- Completed and signed Broker to Broker Transfer Authority Form – Equities (Part B)
- Completed and signed Broker to Broker Transfer Authority Form – Options (For Options Clients Only) (Part C)

General Instructions:

Print in clear BLOCK LETTERS

If you make a mistake, cross it out and initial the changes. Please do not use correction fluid.

DECLARATION

By signing this application form, you agree, represent and warrant that you Agree to be bound by the terms and conditions contained within the application. Are over the age of 18 years and not of any legal disability.

INTERMEDIARY USE ONLY:

Equities Advisor Code:	<input type="text"/>	Equities Brokerage:	<input type="text"/>
Options Advisor Code:	<input type="text"/>	Options Brokerage:	<input type="text"/>

By signing below, the Intermediary acknowledges that it has:

- (a) received and retained the original signed Sponsorship Agreement (if the Client has agreed to be CHESS Sponsored in Part A Section 9)
- (b) verified the signature on the Application Form, and confirm that it matches the Applicant's Identification documents

Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
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MORRISON SECURITIES USE ONLY

Upon acceptance of this application and the opening of an Account for the Applicant by Morrison Securities (and if the Applicant has agreed to be CHESS sponsored, upon the issue of a HIN), Morrison Securities will be taken to have agreed to be bound by (and for the CHESS sponsorship agreement, to have signed) the following documentation:

- (a) Morrison Securities Sponsorship Agreement
- (b) Morrison Securities Direct Debit Request & Service Agreement
- (c) Morrison Securities Derivatives Client Agreement
- (d) Morrison Securities Equities Terms and Conditions
- (e) Privacy Policy and Client Statements

Account Number:	<input type="text"/>	HIN:	<input type="text"/>
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IDENTIFICATION REQUIREMENTS

Under the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) legislative regime, due diligence must be conducted on any prospective client before certain services may be provided. The due diligence includes verifying a prospective client's identity. Applications made without providing this information cannot be processed.

The AML/CTF compliance program will also include ongoing customer due diligence and reporting of suspicious matters to AUSTRAC as necessary. This may require the Intermediary and/or Morrison Securities to collect further information.

INDIVIDUALS / COMPANY DIRECTORS / TRUSTEES

Morrison's will use Electronic Verification (EV) of Individuals identification using the full name and date of birth or residential address from at least two reliable and independent data sources, one of which must be a government data source. Morrison's may also require you to provide certified copies of two primary Photographic Documents (see below) **OR** require you to satisfy the 100 points identification checklist which may be sent to you to complete..

Photographic Identification

- Current photographic Australian driver's licence
 - Current Australian passport
- or
- Overseas passport (with photograph)
 - Overseas driver's licence (with photograph)①
 - Overseas government issued Identity Card (with photograph)①

① Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

COMPANY

If you are an Australian company or Corporate Trustee, you need to provide the following documents:

- A full company search of the ASIC database showing:
 - a. the full name of the company;
 - b. the ACN;
 - c. company type;
 - d. the registered office address of the company;
 - e. the principal place of business of a company;
 - f. the names of each director of the company (only for a proprietary company);
 - g. the name and date of birth of each beneficial owner (non-listed company)
- If the company is a regulated company, a search of the licence or other records of the relevant Commonwealth, State or Territory regulator;
- If the company is listed, a search of the relevant financial market.
- Certified Identification for each director as per requirement for Individuals
- Certified Identification for each beneficial owner as per requirement for Individuals or Company (25% or more ownership)

If you are a Foreign company or Corporate Trustee, you need to provide the following company documents showing:

- a. ARBN or foreign registration number
- b. the names of each director of the company (only for a proprietary company);
- c. registration of the company by a foreign registration body;
- d. Whether the company is private or public;
- e. the name and date of birth of each beneficial owner (non-listed company)
- Certified Identification for each director as per requirement for Individuals
- Certified Identification for each beneficial owner as per requirement for Individuals or Company (25% or more ownership)

TRUST / SUPER ANNUATION FUND

If you are a registered managed investment scheme, an unregistered managed investment scheme with wholesale clients only (which does not make small-scale offerings under section 1012E), a regulated trust (e.g. SMSF) or government superannuation fund provide the certified copy or certified extract of the trust deed, ATO or ASIC documents showing:

- a. full name of the trust;
- b. that the trust is a registered scheme, regulated trust or superannuation fund;
- c. type of trust;
- d. the country in which the trust was established;
- e. the full business name (if any) of the trustee in respect of the trust.

If you are opening an account for Other Trust Types (e.g. family, unit, charitable, estate, etc) provide a certified copy or extract of Trust deed showing:

- a. full name of the trust;
- b. the type of trust;
- c. the country in which the trust was established;
- d. the full business name (if any) of the trustee in respect of the trust;
- e. Full name of beneficial owners or trust membership class;
- f. Name of the Settlor of the trust
- g. Name of all the trustees

Identification requirements -

- a. information relating to all trustees as per "individual" or "company" identification procedure;
- b. information relating to all beneficial owners as per "individual" or "company" identification procedure;
- c. information relating to settlor of the trust as per "individual" or "company" identification procedure.

PART A

1. INDIVIDUAL / JOINT / DIRECTORS

Please complete this section using your full name. Initials will not be accepted

Individual / Director 1

Title	<input type="text"/>	Date of Birth	<input type="text"/>
Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Country of Birth <small>(Please write country name in full)</small>	<input type="text"/>	Country of Citizenship <small>(if different to Country of Birth)</small>	<input type="text"/>
Are you an Australian Resident for Tax Purposes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax File Number	<input type="text"/>	Quotation of your Australian tax file number(s) (TFN) is optional.	
If no, please specify your country of residence for Tax purposes:	<input type="text"/>		

Residential Address (PO Box is not acceptable)

Street Address <small>(including Suburb)</small>	<input type="text"/>				
State	<input type="text"/>	Post Code	<input type="text"/>	Country	<input type="text"/>
Home No.	<input type="text"/>	Work No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email Address	<input type="text"/>				
Should Trade Confirmations be sent to this e-mail address?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Individual / Director 2

Title	<input type="text"/>	Date of Birth	<input type="text"/>
Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Country of Birth <small>(Please write country name in full)</small>	<input type="text"/>	Country of Citizenship <small>(if different to Country of Birth)</small>	<input type="text"/>
Are you an Australian Resident for Tax Purposes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax File Number	<input type="text"/>	Quotation of your Australian tax file number(s) (TFN) is optional.	
If no, please specify your country of residence for Tax purposes:	<input type="text"/>		

Residential Address (PO Box is not acceptable)

Street Address <small>(including Suburb)</small>	<input type="text"/>				
State	<input type="text"/>	Post Code	<input type="text"/>	Country	<input type="text"/>
Home No.	<input type="text"/>	Work No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email Address	<input type="text"/>				
Should Trade Confirmations be sent to this e-mail address?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Individual / Director 3

Title	<input type="text"/>	Date of Birth	<input type="text"/>
Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Country of Birth <small>(Please write country name in full)</small>	<input type="text"/>	Country of Citizenship <small>(if different to Country of Birth)</small>	<input type="text"/>
Are you an Australian Resident for Tax Purposes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax File Number	<input type="text"/>	Quotation of your Australian tax file number(s) (TFN) is optional.	
If no, please specify your country of residence for Tax purposes:	<input type="text"/>		

Residential Address (PO Box is not acceptable)

Street Address <small>(including Suburb)</small>	<input type="text"/>				
State	<input type="text"/>	Post Code	<input type="text"/>	Country	<input type="text"/>
Home No.	<input type="text"/>	Work No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email Address	<input type="text"/>				
Should Trade Confirmations be sent to this e-mail address?					<input type="checkbox"/> Yes <input type="checkbox"/> No

2. COMPANIES

Please complete Section 1 for all Directors. If there are additional directors, please supply details on a separate page.

Company Details

Company Name			
ABN / ACN		Country of Incorporation	
Company Type	<input type="checkbox"/> Proprietary	<input type="checkbox"/> Public	Number of Directors
ARBN (or foreign registration number)		Registration Body	
Tax File Number	Quotation of your Australian tax file number(s) (TFN) is optional		

Registered Office Address (PO Box is not acceptable)

Street Address (including Suburb)			
State	Post Code	Country	

Principal Place of Business (PO Box is not acceptable)

Principal Address (including Suburb)			
State	Post Code	Country	

Beneficial Owners

If there are additional Beneficial Owners, please supply details on a separate page

List individuals who, whether directly or through other companies or trusts, own 25% or more of the Company

Owner 1	Title	Given Name(s)	
	Surname	Date of Birth	
Residential Address (PO Box is not acceptable)			
Street Address (including Suburb)			
State	Post Code	Country	

Owner 2	Title	Given Name(s)	
	Surname	Date of Birth	
Residential Address (PO Box is not acceptable)			
Street Address (including Suburb)			
State	Post Code	Country	

Owner 3	Title	Given Name(s)	
	Surname	Date of Birth	
Residential Address (PO Box is not acceptable)			
Street Address (including Suburb)			
State	Post Code	Country	

3. TRUST / SUPERANNUATION FUNDS / MINORS**Trust and Superannuation Fund Details**

Name of Trust			
ABN / ARBN	Country of Establishment		
Type of trust	Business name of the trustee		
Name of the Settlor	Tax File Number		

Beneficial Owners

If there are additional Beneficial Owners, please supply details on a separate page

Beneficial Owner 1	Full Name	Date of Birth	
Beneficial Owner 2	Full Name	Date of Birth	
Beneficial Owner 3	Full Name	Date of Birth	

If the account is on behalf of a person under the age of 18 years, please include their full name and date of birth below:

Full Name	Date of Birth
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4. REGISTRATION DESIGNATION**Account Designation**

Trust Name, Superannuation Fund Name, Minor (child) details. Must include A/C. Must not be more than 28 characters (including A/C)

Designation																											A / C
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5. ADDRESS DETAILS

Postal Address

Postal Address
(including Suburb)

State

Post Code

Country

Registration Address

Only required if different to the postal address

This will be the address we register on your Holder Identification Number (HIN) with CHES which will be used by the registries to communicate holding information to you.

Registration Address
(including Suburb)

State

Post Code

Country

6. DELIVERY DETAILS FOR TRADE CONFIRMATIONS

Authorisation of the electronic dispatch of confirmations.

The authorisation and agreement in this section apply if you have provided an e-mail address for the despatch of trade confirmations and signed the Application Form. By doing so you authorise confirmations to be dispatched electronically to:

- (a) you at the e-mail address provided in Section 1
- (b) another person or organisation (as your agent) to whom you have authorised Morrison Securities to send electronic confirmations, at the e-mail address provided in the Application Form.

Confirmations via Post

If no e-mail address for the applicants has been provided, the trade confirmations will be sent to the Postal address provided in section 5. Posted trade confirmations will incur a charge per trade confirmation.

Additional Copies of Confirmation Notes:

Morrison Securities cannot send your trade confirmations to a third party; however the third party can be provided with a copy of your trade confirmation. If additional copies are required please provide the e-mail or postal details below:

Additional e-mail

Additional e-mail

Confirmations via Post

Postal Address

7. THIRD PARTY AUTHORITY

Authorised Agent Details

If you wish to authorise a third party to operate your account, please complete the below details. Until you notify us in writing that the authority has been revoked, the following person is authorised to act on your behalf, including giving dealing and other instructions, information and requests and/or receive account information.

Please provide certified copies of documents – refer to IDENTIFICATION REQUIREMENTS (Page 2)

Title

Date of Birth

Given Name(s)

Surname

Country of Birth

Country of Citizenship

Are you an Australian Resident for Tax Purposes?

Yes No

If no, please specify your country of residence for Tax purposes:

Residential Address (PO Box is not acceptable)

Street Address
(including Suburb)

State

Post Code

Country

Home No.

Work No.

Mobile No.

Email Address

Should Trade Confirmations be sent to this e-mail address?

Yes No

Position Held

Signature of Authorised Agent

8. STATUS OF APPLICANT

ASX Affiliation

Are any of the Applicants, Directors, Responsible Officials, Partners, Authorised Representatives, Trustees, Beneficial Owners or any other Beneficiaries of this Account: affiliated with any Participant of ASX Group or ASX Listed Company?

Yes No If Yes, please provide details

Politically Exposed Persons

Are any of the Applicants, a government official; government entity, or having dealings with a government official or any government related entity of any country?

Yes No If Yes, please provide details

9. TRADE SETTLEMENT DETAILS

CHESSE Sponsorship

Please refer to the Explanation of CHESSE Sponsorship Agreement and the Morrison Securities Sponsorship Agreement in Part F of this document.

- Would you like Morrison Securities to establish a new Sponsored HIN? Yes No
- Would you like to transfer an existing HIN from another broker/sponsor?
(If yes, please complete the **Broker to Broker Transfer Authority** Form in Part B) Yes No
- Would you like to lodge financial products as collateral cover for your option positions? Yes No

DVP / Margin Lending Details

- Would you like to settle your transactions via a third-party settlement participant?
(I.e. non-CHESSE sponsored/DVP/Margin Lending) Yes No

If yes, please confirm Participant Name PID HIN X

Email Address for Confirmation Note *Trade Confirmations will be sent to the third party settlement participant*

10. BANKING

Direct Debit and Cash Management Account Authority

PLEASE NOTE: In order to complete this section, the Applicant is required to have an active Cash Management Account (CMA). To link a current CMA account, a Third Party Authority (TPA) must have been completed and sent to the financial institution that holds the CMA.

If a new CMA is required, please refer to your advisor for the list of accepted financial institutions. All CMA account holders must sign this section.

Nominated Bank Account The Applicant authorises Morrison Securities to credit/debit the Nominated Bank Account

*Please tick applicable box: Credit Only Debit Only Debit & Credit CMA/CMT TPA Completed

Financial Institution Name: Country of Financial Institution

Account Name

BSB Account Number

Bank Account Holder 1 Name Signature

Bank Account Holder 2 Name Signature

Bank Account Holder 3 Name Signature

11. DIVIDENDS

Income Direction

Please tick if applicable

- I / we will be CHESSE Sponsored by Morrison Securities and I/we authorise CHESSE and Morrison Securities to severally advise the relevant Issuer or its nominee to pay by direct credit to the Nominated Bank Account(s) (as specified in Section 10 of this Application Form) all cash dividends, distributions, interest or income payable referable to my/our HIN.

By ticking this box, whenever you purchase financial products which are CHESSE sponsored by Morrison Securities, Morrison Securities will pass your banking details via CHESSE to the issuer's share registry. This instruction will override all previous instructions you may have given Morrison Securities or the relevant issuer. This instruction only applies to holdings sponsored by Morrison Securities in CHESSE. For other holdings, contact the Issuer directly. All cash dividends paid for financial products held under your HIN will be directed into the Nominated Bank Account specified in Section 10 of this Application Form. Note that by providing this instruction, it may override your participation in any existing Dividend Reinvestment Plans (**DRP**) or Bonus Share Plans. There are also no guarantees that all share registries will accept these instructions from Morrison Securities.

12. DECLARATIONS

Acknowledgements

The Applicant acknowledges that it has received, read and understood the following documentation:

- Morrison Securities Explanation of CHESSE Sponsorship Agreement [Part F] (if the Client has agreed to be CHESSE Sponsored in Part A Section 9)
- Morrison Securities Financial Services Guide [Part K]
- Morrison Securities PDS for Exchange Traded Options [Part H] – *for Options clients only*
- Intermediary Financial Services Guide (FSG) (Part M)

Agreement to be bound by documentation

By signing the application form below the Applicant acknowledges that it has received, read and agrees to be bound by the following documentation

- Morrison Securities Equities Terms and Conditions [Part E]
- Morrison Securities Sponsorship Agreement [Part F] (if the Client has agreed to be CHESSE Sponsored in Part A Section 9)
- Morrison Securities Direct Debit Request and Service Agreement [Part G] (if the Client has provided Morrison Securities with Direct Debit Authority in Part A Section 10)
- Morrison Securities Derivatives Client Agreement – [Part I] *for Options clients only*
- Morrison Securities Privacy Policy and Client Statement [Part J]
- Authorisation for electronic confirmations [Part A: Section 6 of Client Application Form] (if applicable)
- Intermediary Terms and Conditions (Part L)

13. SIGNATURES

All account holders must sign. If the account holder is a company, please ensure that two Directors or a director and a Secretary sign. If the Company is a Sole Director/ Secretary Company, please indicate this and that person may sign on their own.

Individual / Director (1): Full name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>
Individual / Director (1): Full name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>
Individual / Director (1): Full name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>

PART B: BROKER TO BROKER TRANSFER AUTHORITY FORM - EQUITIES

Please complete this form if you wish to transfer securities from another Sponsoring Broker to Morrison Securities Pty Limited (**Morrison Securities**)

1. MORRISON SECURITIES ACCOUNT DETAILS

Account Number	
Account Name	
Account Designation	

2. EXISTING SPONSORING BROKER ACCOUNT DETAILS

For your transfer to be successful, your registration details (i.e. your name and address) on this form must match the details on your account with Morrison Securities. If they do not match, you will need to advise your existing Sponsoring Broker of any name or address changes before we can process this transfer.

Account Name			
Account Designation			
Registered Address			
State	Post Code	Country	

3. EXISTING SPONSORING BROKER DETAILS

Broker Name	Existing Broker PID
Account Number	HIN at existing Broker

TRANSFER INSTRUCTIONS

Attach a separate sheet if additional securities are required to be transferred

Please select one of the following options:

- Please transfer HIN (and all holdings) from existing broker to Morrison Securities (PID 1089); **or**
- Please transfer only the holdings listed below from existing broker to Morrison Securities (PID 1089)

ASX CODE	SECURITY NAME (E.g. Rio Tinto Limited)	QUANTITY (No of Shares)

AGREEMENT

All account holders must sign

CHES Sponsorship: Sponsor me/us into the CHES Settlement Facility in accordance with Morrison Securities CHES Sponsorship Agreement Terms and Conditions. I/we authorise Morrison Securities to transfer the existing HIN and all holdings or the above listed Holdings to my/our Morrison Securities account and we agree to be bound by Morrison Securities Sponsorship Agreement Terms and Conditions.

If the registration details that are being transferred to Morrison Securities do not match the details supplied on Morrison Securities Sponsorship Agreement, I hereby authorise Morrison Securities to amend the Registration details to match the Sponsorship Agreement. .

Original signature(s) only – digitally inserted signatures not accepted.

Individual / Director (1): Full Name	Signature	Date
Individual / Director (2): Full Name	Signature	Date
Individual / Director (3): Full Name	Signature	Date

*ALL ACCOUNT HOLDERS MUST SIGN.. FOR COMPANY ACCOUNTS, TWO DIRECTORS OR A DIRECTOR AND A SECRETARY MUST SIGN. IF THE COMPANY HAS A SOLE DIRECTOR/SOLE SECRETARY, PLEASE INDICATE THIS AND THAT PERSON MAY SIGN ON THEIR OWN

PART C: BROKER TO BROKER TRANSFER AUTHORITY FORM - OPTIONS

Please complete this form if you wish to transfer Options Positions from another Options Broker to Morrison Securities Pty Limited (**Morrison Securities**).

1. MORRISON SECURITIES ACCOUNT DETAILS

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

2. EXISTING SPONSORING BROKER ACCOUNT DETAILS

For your transfer to be successful, your registration details (i.e. your name and address) on this form must match the details on your account with Morrison Securities. If they do not match, you will need to advise your existing Sponsoring Broker of any name or address changes before we can process this transfer.

Account Name	<input type="text"/>		
Account Designation	<input type="text"/>		
Registered Address	<input type="text"/>		
State	<input type="text"/>	Post Code	<input type="text"/>
		Country	<input type="text"/>

3. EXISTING SPONSORING BROKER DETAILS

Broker Name	<input type="text"/>	Existing Broker PID	<input type="text"/>
Account Number	<input type="text"/>	HIN at existing Broker	<input type="text"/>

TRANSFER INSTRUCTIONS

Attach a separate sheet if additional securities are required to be transferred

Please select one of the following options:

- Please transfer all Options, Cash and Collateral from my existing broker to Morrison Securities (PID 1089); or
- Please transfer only those positions shown in the attached statement /confirmation note from existing broker to Morrison Securities (PID 1089)
- Please transfer only those positions listed below from existing broker to Morrison Securities (PID 1089)

CALL / PUT, EXPIRY MONTH, STRIKE	QUANTITY	TRADE PRICE
<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"/>
<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"/>

AGREEMENT

All account holders must sign

I/we authorise Morrison Securities to transfer the existing Options Positions as detailed above to my/our Morrison Securities account and we agree to be bound by Morrison Securities Derivatives Terms and Conditions. Original signature(s) only – digitally inserted signatures not accepted.

Individual / Director (1): Full Name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>
Individual / Director (2): Full Name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>
Individual / Director (3): Full Name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>

*ALL ACCOUNT HOLDERS MUST SIGN.. FOR COMPANY ACCOUNTS, TWO DIRECTORS OR A DIRECTOR AND A SECRETARY MUST SIGN. IF THE COMPANY HAS A SOLE DIRECTOR/SOLE SECRETARY, PLEASE INDICATE THIS AND THAT PERSON MAY SIGN ON THEIR OWN