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# **Account Opening Form**

# **ACCOUNT DETAILS**

Type

SMSF DETAILS

Legal Entity Name

ABN ACN

TFN

Contact Name

Contact Email

Contact Phone

Street Address

Postcode Country

Country of Establishment Country of Effective Mgmt

Business Name of Trustee If any

Type of Trustee (select one)

Registered managed investment scheme

Regulated Trust (e.g. SMSF)

Govt superannuation fund

Unregistered managed investment scheme with only wholesale clients which does not make small scale offerings under section 1012E of the Corporations Act 2001 (Cth)

Other (please specify eg/ Family, Unit, Charitable, Estate)

# **APPOINTEE & SETTLOR DETAILS - UNREGULATED AUSTRALIAN TRUST Appointee Details** Given Names Surname Address State Postcode Country NOTE: The Settlor details are not required if the material asset contribution to the trust by the settlor at the time **Settlor Details** the trust is established is less than \$10,000 Given Names Surname Address State Postcode Country NOTE: FinEx (and its related bodies corporate and affiliates) only recognises the Trustee(s) as the investor and not the beneficiary, therefore the trustee(s) details must be given in 2A, B, or C above as appropriate. However, FinEx (and its related bodies corporate and affiliates) is also required to record the individual beneficiary details if you have ticked "Other" in the section "Type of Trust" above. Beneficiary 1 Date of Birth/ABN Beneficiary 2 Date of Birth/ABN Beneficiary 3 Date of Birth/ABN NOTE: ABN only applicable if Beneficiary is a Company Australian Tax Entity Yes Nο If no, please specify the country of tax residence If no, please specify the GIIN **COMPANY / CORPORATE CLIENT 1** Type of Applicant Organisation **ACN** ABN **TFN** Country of Incorporation **Email** Phone Work Mobile

Country

Postcode

Street Address

Postal Address (if different)

Postcode Country

Company Type Public (companies whose name does NOT include the word Pty or proprietary; generally

listed companies)

Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as

private companies)

NOTE: Please ensure ALL Director details are completed in the section below

Shareholder Details: Please provide full name and residential address of each individual client who owns, through one or more shareholdings, more than 25% of the issued capital of the Company

**SHAREHOLDER 1.** 

Title Given Names

Surname

Residential Address

Postcode Country

**SHAREHOLDER 2.** 

Title Given Names

Surname

Residential Address

Postcode Country

CLIENT 2				
Type of Applicant				
Salutation				
Given Names				
Surname				
Date of Birth		Country of Birth		
Tax File Number				
Email				
Phone		Work		Mobile
Occupation			Industry	
Street Address				
	Postcode	Country		
Postal Address (if different)				
	Postcode	Country		
Are you a resident of	Australia for tax purposes?	Yes	No	
If no, please specify the country of tax residence				
If no, please specify your country's TIN				

CLIENT 3						
Type of Applicant						
Salutation						
Given Names						
Surname						
Date of Birth		Cou	intry of Birth			
Tax File Number						
Email						
Phone		Work			Mobile	
Occupation				Industry		
Street Address						
	Postcode	Country				
Postal Address (if different)						
	Postcode	Country				
Are you a resident of	Australia for tax purposes?		Yes	No		
If no, please specify the country of tax residence						
If no, please specify your country's TIN						

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# CHESS REGISTRATION

Account Name

**Account Opening Form** 

Designation <

Address			
			Postcode
	reement Terms contained in	lear Execution (FinEx) CHESS Spons Part B of the FinClear Execution Ter	
Select one of the following op	ptions:		
NEW CHESS SPONSOR			
Tick this box if you would like F sponsoring broker.	inClear Execution Ltd (FinE:	x) to establish a new SPONSORED F	HIN and act as your CHESS
TRANSFER YOUR EXIST	TING CHESS SPONSORSH	HIP FROM ANOTHER BROKER	
By ticking this box, you appoint to FinClear Execution Ltd.	FinClear Execution Ltd to a	ct as your agent to transfer your exist	ting CHESS sponsored HIN
Name of existing Broker			
PID		HIN	
Account Name			
Designation <			>
Street Address			
State	Postcode	Country	
ISSUER SPONSORED			
DVP			
Name of Counterparty			
PID		HIN/Account No	
INDIVIDUAL: FULL NAME		SIGNATURE	DATE
INDIVIDUAL (2): FULL NAME		SIGNATURE	DATE
INDIVIDUAL (3): FULL NAME		SIGNATURE	DATE

## **CASH SETTLEMENT**

#### A. Default/Nominated Bank Account

Settlement Type

**CMT Fund** 

Account Name

BSB Account Number

Direct Debit Authority Default Payment Default Receipt Auto Contra

#### B. Non Default Bank Account (only complete if required for Dividend purposes)

**Financial Institution Name** 

**Account Name** 

BSB Account Number

#### C. Non Default Bank Account (only complete if required for Dividend purposes)

I/we request that FinEx provide the Default/Nominated Bank Account (as specified in Section 3A above) to all share registers where available, for the purposes of dividends.

I/we request that FinEx provide the Non Default Bank Account (as specified in section 3B above) to all share registries where available, for the purposes of dividends.

INDIVIDUAL/DIRECTOR (1): FULL NAME

**SIGNATURE** 

DATE

INDIVIDUAL/DIRECTOR (2): FULL NAME

**SIGNATURE** 

DATE

#### **Declaration**

If you have elected to authorise FinClear Execution Ltd's Third Party Clearer (FinClear Services Pty Ltd ) to direct debit your Nominated Bank Account. By signing this Form, you agree to be bound by FinClear Services Direct Debit Agreement.

In order to complete this section above, the Client should refer to the FinClear Services Direct Debit Agreement in Part D of the FinClear Execution (FinEx) Terms of Trade.

### FINANCIAL SERVICE PROVIDER AUTHORITY

I / we hereby appoint the following as our Financial Services Provider	(FSP) and authorise them to speak to and provide
instructions to FinEx on our behalf in relation to our FinEx account	

FSP Address

To be completed by the FSP:

**FSP Authorised Person Full Name** 

Adviser Group AFSL

FinEx Adviser Code

By signing below, I declare on behalf of the FSP:

- that the Client has received FinEx Terms of Trade which includes its Terms and Conditions, FinEx CHESS Sponsorship Agreement, FinClear Services Disclosure Statement, FinClear Services Direct Debit Agreement, FinEx FSG, FinClear Services FSG and Privacy Statement;
- that I/we have accepted the appointment as FSP by the Client;
- that before the Client appointed me/us as their FSP and authorised me/us to access FinEx's services on their behalf,
   I/we have explained to the client(s) the limited scope of FinEx's and FinClear Services' service;
- confirm that I/we have made the client(s) aware that I/we do not and will not represent or act on behalf of FinEx or FinClear Services; and
- that I/we have carried out the customer identification procedure required by FinEx in respect of the Client(s) and have complied with the relevant obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) and that we will retain a copy of the customer identification documents and provide them upon request to FinEx.
- We have verified the signature(s) on the Application Form and confirm it matches the Applicants Identification documents:
- If we have determined the customer or their beneficial owner is a Politically Exposed Person (PEP), we have risk rated
  the customer for AML/CTF Risk.
- We have enabled FinEx to obtain all Know Your Customer (KYC) information regarding the identity of the customer, including their PEP status and AML Risk Rating.

Signature of Authorised Representative of FSP	Date

Position / Title of FSP Authorised Representative

### TRADE CONFIRMATIONS

Authorisation of the dispatch of Trade Confirmations (previously Contract Notes) via e-mail

By completing this section and providing an e-mail address for the dispatch of Trade Confirmations you authorise Trade Confirmations to be dispatched electronically to you. If you would like additional copies to be sent to other parties, please provide the email address/es below

DATE

## **CLIENT ACKNOWLEDGEMENT & AGREEMENT**

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

- a) FinEx's Explanation of CHESS Sponsorship Agreement [Part B of the FinEx Terms of Trade]
- b) FinEx's Financial Services Guide [Part E of the FinEx Terms of Trade]
- c) FinClear Services Financial Services Guide [Part E of the FinEx Terms of Trade]

By signing the below, the Client acknowledges that they have received and read, and the Applicant agrees to be bound by, the following documentation

- a) FinEx Equities Terms and Conditions [Part A of the FinEx Terms of Trade]
- b) FinClear Services Disclosure Statement [Part C of the FinEx Terms of Trade]
- c) (if CHESS sponsored by FinEx) FinEx's CHESS Sponsorship Agreement [Part B of the FinEx Terms of Trade]
- d) (if using the Direct Debit facility) FinClear Services Direct Debit Agreement [Part D of the FinEx Terms of Trade]

#### Quotation of your Australian tax file number(s) (TFN) is optional

FinEx is authorised by law to request your TFN. You are not required to provide your TFN and failing to provide your TFN to FinEx is not an offence. If FinEx is unable to quote your tax file number or exemption to registries, you may be taxed at the highest marginal rate from any dividends, distributions, interest and payments to which you are entitled. Accordingly, failing to provide your TFN or not permitting FinEx to quote it in relation to an investment may have taxation consequences. By providing a TFN and signing this Application Form you:

- a) appoint FinEx as your agent and request and authorise FinEx to;
  - i) provide your TFN to all investment bodies with whom FinEx acts on your behalf;
  - ii) apply your TFN to any investment or account which you may in future make or open with or through FinEx (and their related bodies corporate) to which your TFN may lawfully be applied; and

**SIGNATURE** 

b) acknowledge that this authority will apply until such time as it is revoked in writing to FinEx.

By signing the below, the Client acknowledges and that they have provided the FSP with all relevant customer identification documents that are required to positively identify them.

#### INDIVIDUAL CLIENTS TO COMPLETE

INDIVIDUAL (1): FULL NAME

INDIVIDUAL (2): FULL NAME	SIGNATURE	DATE			
INDIVIDUAL (3): FULL NAME	SIGNATURE	DATE			
CORPORATE / COMPANY CLIENTS TO COMPLETE (Please note that two Directors or a director and a Secretary must sign. Indicate if the Company is a Sole Director/Sole Secretary Company.)					
DIRECTOR: FULL NAME	SIGNATURE	DATE			
DIRECTOR/SECRETARY: FULL NAME	SIGNATURE	DATE			

#### **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 of legal capacity to enter into this agreement.

Further current Finclear services terms can be found in this link: https://finclear.com.au/wp-content/uploads/2024/02/FinEx-Terms-of-Trade-FinClear-Services-as-Clearer-1.pdf