

Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062



AUTHORISED SIGNATORIES FORM

Send to: Baptist Financial Services Australia Ltd (BFS)

Ph - 1300 650 542 Email clients@bfs.org.au Web www.bfs.org.au

NSW/ACT PO Box 122 Epping NSW 1710 VIC/TAS PO Box 377 Hawthorn VIC 3122

SA/NT PO Box 432 Unley SA 5061 WA PO Box 57 Burswood WA 6100

A delegated body of Australian Baptist Ministries

Account Name:

Client No.

The Authorised Signatories shown on this form are signatories for the following account/s under the above client number effective from your receipt of this notice: (please insert account numbers if required)

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| | | |
| | | |

If no accounts are listed above, the authorised signatories will apply to ALL accounts held under the above Client No. This authority replaces any previous authority.

Authority:

- To operate on the accounts generally including - draw cheques, drafts or other instruments, to withdraw monies in any manner, stop or countermand payment of cheques and other instruments, place money on investment and withdraw on maturity or by arrangement with BFS prior to maturity any term investment, give or cancel authorities in Baptist Financial Services' usual form for Periodical Payments, open new account/s, close account/s, authorise any Phone/Email Password or change of Phone/Email Password, authorise access to and use of BFSOnline &/or BFSOnline Business, and advise changes to authorised signatories.

Tick required choice: (Please note: If this section is not completed all authorised signatories listed below must sign)

Any ONE to sign; or Any TWO to sign; or ALL to sign

AND

- I/We accept that any one of the authorised signatories may endorse cheques, drafts or other instruments payable to the order of the account (or to BFS) and lodged for the credit of the account/s, to request a statement of the account/s and to obtain any information concerning the account/s generally.

FULL NAMES OF AUTHORISED SIGNATORIES

(Please write 'existing', 'new' or 'remove' after each name listed below)

The abovenamed Authorised Signatories, who have completed their full details on the attached list, acknowledge having read, understood and accepted the terms and conditions as contained in the 'Product Information Statement – Offer Document: Debentures' and 'Product Disclosure Statement and Terms & Conditions – BFS Non Cash Payment Products' or in the 'Product and Services Information– Affiliated and Wholesale Clients', as related to powers of Authorised Signatories.

Verification of Identity using information at a credit reporting agency (CRA)

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 requires Baptist Financial Services (BFS) to confirm and verify identity before any of the above can be an authorised signatory to an account.

To enable us to verify identify, we may disclose personal information such as name, date of birth, and address to a CRA to obtain an assessment of whether that personal information matches information held by the CRA. The CRA may check your information with the document issuer or official record holder. The CRA may give us a report on that assessment and to do so may use the signatory's personal information in their files. Alternative means of verifying a signatory are available on request. If we are unable to verify identity using information held by a CRA we will provide a notice to this effect and give the signatory the opportunity to contact the CRA to update information held by them or verify identity using an alternative method acceptable to us.

Existing Authorised Person signature

Existing Authorised Person signature

| | |
|---------------------------------|---------------------------------|
| SIGN HERE | SIGN HERE |
| Existing Authorised Person Name | Existing Authorised Person Name |
| Date | Date |

SIGNATORY 1 (Please print details clearly)

I am authorised to provide the personal details presented and I consent to my information being checked, by a CRA, with the document issuer or official record holder for the purposes of confirming my identity Yes

I wish to opt-out of receiving marketing information about other products or services BFS offers Yes No

| | | | |
|-------------------|--------------|----------------|----------|
| Title* | Given names* | Middle Name* | Surname* |
| | | | |
| Driver Licence No | | Date of Birth* | / / |

Residential address*

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Previous Address (required if at above address for less than 2 years)

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Contact Details (for phone/fax contacts please include area code)

| | | | | | |
|------------|--|------------|--|-----------|--|
| Home Phone | | Work Phone | | Mobile Ph | |
| Fax | | Email | | | |

Authorised Signatory 1 signature I acknowledge having read, understood and accepted the terms and conditions as contained in the 'Product Information Statement – Offer Document: Debentures', and 'Product Disclosure Statement and Terms & Conditions – BFS Non Cash Payment Products' or 'Product and Services Information– Affiliated and Wholesale Clients' as it relates to powers of Authorised Signatories.

| | | | |
|------------------|------|---|---|
| SIGN HERE | Date | / | / |
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SIGNATORY 2 (Please print details clearly)

I am authorised to provide the personal details presented and I consent to my information being checked, by a CRA, with the document issuer or official record holder for the purposes of confirming my identity Yes

I wish to opt-out of receiving marketing information about other products or services BFS offers Yes No

| | | | |
|-------------------|--------------|----------------|----------|
| Title* | Given names* | Middle Name* | Surname* |
| | | | |
| Driver Licence No | | Date of Birth* | / / |

Residential address*

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Previous Address (required if at above address for less than 2 years)

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Contact Details (for phone/fax contacts please include area code)

| | | | | | |
|------------|--|------------|--|-----------|--|
| Home Phone | | Work Phone | | Mobile Ph | |
| Fax | | Email | | | |

Authorised Signatory 2 signature I acknowledge having read, understood and accepted the terms and conditions as contained in the 'Product Information Statement – Offer Document: Debentures', and 'Product Disclosure Statement and Terms & Conditions – BFS Non Cash Payment Products' or 'Product and Services Information– Affiliated and Wholesale Clients' as it relates to powers of Authorised Signatories.

| | | | |
|------------------|------|---|---|
| SIGN HERE | Date | / | / |
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SIGNATORY 3 (Please print details clearly)

I am authorised to provide the personal details presented and I consent to my information being checked, by a CRA, with the document issuer or official record holder for the purposes of confirming my identity Yes

I wish to opt-out of receiving marketing information about other products or services BFS offers Yes No

| | | | |
|-------------------|--------------|----------------|----------|
| Title* | Given names* | Middle Name* | Surname* |
| | | | |
| Driver Licence No | | Date of Birth* | / / |

Residential address*

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Previous Address (required if at above address for less than 2 years)

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Contact Details (for phone/fax contacts please include area code)

| | | | | | |
|------------|--|------------|--|-----------|--|
| Home Phone | | Work Phone | | Mobile Ph | |
| Fax | | Email | | | |

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| SIGN HERE | Date | / | / |
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SIGNATORY 4 (Please print details clearly)

I am authorised to provide the personal details presented and I consent to my information being checked, by a CRA, with the document issuer or official record holder for the purposes of confirming my identity Yes

I wish to opt-out of receiving marketing information about other products or services BFS offers Yes No

| | | | |
|-------------------|--------------|----------------|----------|
| Title* | Given names* | Middle Name* | Surname* |
| | | | |
| Driver Licence No | | Date of Birth* | / / |

Residential address*

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Previous Address (required if at above address for less than 2 years)

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Contact Details (for phone/fax contacts please include area code)

| | | | | | |
|------------|--|------------|--|-----------|--|
| Home Phone | | Work Phone | | Mobile Ph | |
| Fax | | Email | | | |

Authorised Signatory 4 signature I acknowledge having read, understood and accepted the terms and conditions as contained in the 'Product Information Statement – Offer Document: Debentures', and 'Product Disclosure Statement and Terms & Conditions – BFS Non Cash Payment Products' or 'Product and Services Information– Affiliated and Wholesale Clients' as it relates to powers of Authorised Signatories.

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| SIGN HERE | Date | / | / |
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SIGNATORY 5 (Please print details clearly)

I am authorised to provide the personal details presented and I consent to my information being checked, by a CRA, with the document issuer or official record holder for the purposes of confirming my identity Yes

I wish to opt-out of receiving marketing information about other products or services BFS offers Yes No

| | | | |
|-------------------|--------------|----------------|----------|
| Title* | Given names* | Middle Name* | Surname* |
| | | | |
| Driver Licence No | | Date of Birth* | / / |

Residential address*

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Previous Address (required if at above address for less than 2 years)

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Contact Details (for phone/fax contacts please include area code)

| | | | | | |
|------------|--|------------|--|-----------|--|
| Home Phone | | Work Phone | | Mobile Ph | |
| Fax | | Email | | | |

Authorised Signatory 5 signature I acknowledge having read, understood and accepted the terms and conditions as contained in the 'Product Information Statement – Offer Document: Debentures', and 'Product Disclosure Statement and Terms & Conditions – BFS Non Cash Payment Products' or 'Product and Services Information– Affiliated and Wholesale Clients' as it relates to powers of Authorised Signatories.

| | | | |
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| SIGN HERE | Date | / | / |
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SIGNATORY 6 (Please print details clearly)

I am authorised to provide the personal details presented and I consent to my information being checked, by a CRA, with the document issuer or official record holder for the purposes of confirming my identity Yes

I wish to opt-out of receiving marketing information about other products or services BFS offers Yes No

| | | | |
|-------------------|--------------|----------------|----------|
| Title* | Given names* | Middle Name* | Surname* |
| | | | |
| Driver Licence No | | Date of Birth* | / / |

Residential address*

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Previous Address (required if at above address for less than 2 years)

| | | | | | |
|---------------|-----------------|-------------|--------|-------|----------|
| Property Name | Unit No / St No | Street Name | Suburb | State | Postcode |
| | / | | | | |

Contact Details (for phone/fax contacts please include area code)

| | | | | | |
|------------|--|------------|--|-----------|--|
| Home Phone | | Work Phone | | Mobile Ph | |
| Fax | | Email | | | |

Authorised Signatory 6 signature I acknowledge having read, understood and accepted the terms and conditions as contained in the 'Product Information Statement – Offer Document: Debentures', and 'Product Disclosure Statement and Terms & Conditions – BFS Non Cash Payment Products' or 'Product and Services Information– Affiliated and Wholesale Clients' as it relates to powers of Authorised Signatories.

| | | | |
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| SIGN HERE | Date | / | / |
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(Make additional copies of this page if more signatories required)

BFS Cheq

Cheque Account Specimen Signature(s)

Account Name

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BSB

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|---------------|
| 0 3 4 – 8 6 6 |
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Link No

| | | | | | | |
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New Account

Variation to Existing Account
(Link Number Retained)

One Signature per box using BLACK INK ONLY

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

SIGNING SPECIFICATIONS

Any one to sign

All parties to sign

Other (specify)

| |
|--|
| |
| |

Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062

Phone: 1300 650 542

Email: clients@bfs.com.au

Authority Effective From/...../.....

Client No:

Financial Institution Authorised Signature: