

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 Fax - 1300 784 699 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

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)

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.

AND

3. Tick if required:

Please allow a 'Phone/Email Password' to be established on the account/s so that instructions to operate the account /s in respect of any of the authorities above can be given verbally or by email to BFS by any ONE of the authorised signatories listed below.

FULL NAMES OF AUTHORISED SIGNATORIES

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 our 'Product Information Statement – Offer Document' and 'Financial Services Guide and Product Disclosure Statement – BFS Non Cash Payment Products'.

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 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.

Authorised Person signature	Authorised Person signature
SIGN HERE	SIGN HERE
Date	Date

SIGNATORY 1 (Please print details clearly)I consent to BFS verifying my identity electronically through a Credit Reporting Agency 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 our 'Product Information Statement – Offer Document' and 'Financial Services Guide and Product Disclosure Statement – BFS Non Cash Payment Products'.

SIGN HERE	Date	/	/
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SIGNATORY 2 (Please print details clearly)I consent to BFS verifying my identity electronically through a Credit Reporting Agency 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 our 'Product Information Statement – Offer Document' and 'Financial Services Guide and Product Disclosure Statement – BFS Non Cash Payment Products'.

SIGN HERE	Date	/	/
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SIGNATORY 3 (Please print details clearly)I consent to BFS verifying my identity electronically through a Credit Reporting Agency 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 3 signature I acknowledge having read, understood and accepted the terms and conditions as contained in our 'Product Information Statement – Offer Document' and 'Financial Services Guide and Product Disclosure Statement – BFS Non Cash Payment Products'.

SIGN HERE	Date	/	/
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SIGNATORY 4 (Please print details clearly)I consent to BFS verifying my identity electronically through a Credit Reporting Agency 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 our 'Product Information Statement – Offer Document' and 'Financial Services Guide and Product Disclosure Statement – BFS Non Cash Payment Products'.

SIGN HERE	Date	/	/
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SIGNATORY 5 (Please print details clearly)I consent to BFS verifying my identity electronically through a Credit Reporting Agency 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 our 'Product Information Statement – Offer Document' and 'Financial Services Guide and Product Disclosure Statement – BFS Non Cash Payment Products'.

SIGN HERE	Date	/	/
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SIGNATORY 6 (Please print details clearly)I consent to BFS verifying my identity electronically through a Credit Reporting Agency 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 our 'Product Information Statement – Offer Document' and 'Financial Services Guide and Product Disclosure Statement – BFS Non Cash Payment Products'.

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

BSB

0 3 4 - 8 6 6

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

Tel 1300 650 542

Fax 1300 784 699

Email: clients@bfs.com.au

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

Client No:

Financial Institution Authorised Signature: