



ACCOUNT APPLICATION

Welcome to Baker Young

This Account Application Form enables you to establish an account with Baker Young Stockbrokers Limited. Before completing this Account Application, it is important that you have read and understood the following.

- Baker Young Financial Services Guide
- Person Financial Service Guide & Disclosure Statement

If after reading the above documentation you have any queries, please do not hesitate to contact your Advisor or a member of our Client Services team who will more than happy to explain the documents and their relevance to you.

Please note that if you would like to trade in Warrants, Exchange Traded Options or Partly Paid Securities you will need to execute additional agreements.

Identification documentation required

Baker Young requires a form of photo identification for all individuals (including authorised third parties) named in the application form, to process your application. If you are unable to provide either of the acceptable forms of photo identification i.e: Category A, then you must provide at least one item from Category B and one from Category C.

Baker Young must be able to verify your name, date of birth and residential address from identification documents which can be provided either as originals documents or certified copies of original documents. If you provide original documents please bring them to Baker Young's Office. A Baker Young staff member will sight the documents and take a photocopy for our records and return them to you immediately. If you provide certified copies then you can post the documents or deliver them in person to Baker Young, we retain these documents.

Please refer to the back page of this Account Application for a list of suitable identification and a list of approved persons who are able to "certify" documents as being a true copy/extract of an original document.

Completion Checklist

- ☐ Read and understood the Financial Service Guides.
- ☐ Read and understood the Person Disclosure Statement.
- ☐ Read and understood the CHESS Sponsorship Terms and Conditions (if applicable).
- ☐ Provided identification that has been certified by an approved person.
Please refer to the back page of the application for a list of suitable identification and approved persons who may "certify" the documents.
- ☐ Provided any additional documentation where applicable (refer to table overleaf).
- ☐ Completed and signed the Account Application.
Signatures are required on pages 4 and 5 for all applicants and may be required on pages 6 and 7.
If appointing a third party to operate the account, signatures are required on page 5.
- ☐ Completed and signed the Person Direct Credit/Debit Authority Form (if applicable).
- ☐ Please send your completed Baker Young Stockbrokers Application Form using the enclosed Reply Paid Envelope or address to:

Client Services

Baker Young Stockbrokers Limited
REPLY PAID 1672
Adelaide SA 5001

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How to complete this Application Form

When completing this application we ask that you please adhere to the following

- Use BLACK or BLUE Pen
- Use CAPITAL LETTERS
- Do not complete sections if they do not apply to you
- Correct a mistake by crossing it out and initialling the change, do not use correction fluid.

If you have any queries please do not hesitate to contact your Advisor or a member of the Client Services Team.

Account Type	Explanation	Example
Individual	Use appropriate Title, given name and surname.	Applicant 1 : Mr John Adam Smith
Joint	Use appropriate Titles, given name and surname.	Applicant 1 : Ms Mary Anne Smith Applicant 2 : Mr John Adam Smith Preferred Contact : Ms Mary Anne Smith Alternative Contact : Mr John Adam Smith
Company, Incorporated Association or Body	Provide the full name of the Company as it appears on the ASIC Company register. Do not use abbreviations.	Applicant 1 : ABC Pty Ltd Preferred Contact : Mr John Adam Smith
Superannuation Funds and Trusts	Applicants must be the Trustee's, if a Corporate Trustee then use the full Company Name. In both cases , the Fund Name should be provided as an account designation.	Applicant 1 : Ms Mary Anne Smith Applicant 2 : Mr John Adam Smith Account Designation : <Smith Super Fund a/c> Preferred Contact : Ms Mary Anne Smith Alternative Contact : Mr John Adam Smith
Partnership	Use appropriate Title, given name and surname for each partner and then name the partnership in the account designation.	Applicant 1 : Ms Mary Anne Smith Applicant 2 : Mr John Adam Smith Account Designation : <Smith Partnership a/c> Preferred Contact : Ms Mary Anne Smith Alternative Contact : Mr John Adam Smith
Minors	Use appropriate Title, given name and surname for the custodian(s) and then name the minor.	Applicant 1 : Mr John Adam Smith Applicant 2 : Ms Mary Anne Smith Account Designation : <Charlie Smith a/c> Preferred Contact : Mr John Adam Smith Alternative Contact : Ms Mary Anne Smith
Deceased Estate	Use appropriate Title, given name and surname for the executors(s) and then name of the estate in the account designation.	Applicant 1 : Ms John Adam Smith Applicant 2 : Ms Mary Anne Smith Account Designation : <Estate Anne Jones> Preferred Contact : Mr John Adam Smith Alternative Contact : Ms Mary Anne Smith

Additional Documentation Required

Account Type	Documents Required
Company Accounts	A certified copy of the ASIC Company extract which nominates the Directors.
Superannuation Funds & Trust Accounts	A certified copy of the trust deed. For Superannuation Funds please also provide a copy of your investment strategy.
Deceased Estates	A certified copy of the Grant of Probate or Letters of Administration.
Incorporated Association	A certified copy of the constitution of the Association and a certified copy of the certificate of incorporation.



Account Application Form

1. ACCOUNT TYPE (please tick a box)

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Company | <input type="checkbox"/> Minor (under 18) |
| <input type="checkbox"/> Incorporated Association or Body | <input type="checkbox"/> Super Fund |
| <input type="checkbox"/> Joint | <input type="checkbox"/> Deceased Estate |

2. APPLICANT(s) DETAILS – Complete full name details in black/blue pen and CAPITAL LETTERS.**APPLICANT 1 or COMPANY NAME**

Title, Given Name(s) and Surname or Company Name:

APPLICANT 2

Title, Given Name(s) and Surname:

APPLICANT 3

Title, Given Name(s) and Surname:

3. ACCOUNT DESIGNATION – (if applicable) (eg. John Smith Family A/C)

For Super Funds or Trusts, please provide a certified copy of the Trust Deed detailing the Fund/Trust name and Trustees'

Account Designation:

< A/C >

4. APPLICANT'S RESIDENTIAL ADDRESS/REGISTERED OFFICE FOR COMPANIES (you must complete this section)

Please note that a PO Box is not acceptable.

Address:

State:

Postcode:

Country:

5. POSTAL ADDRESS (Complete only if different from above)

Address:

State:

Postcode:

Country:

6. REGISTRATION ADDRESS FOR YOUR SHAREHOLDINGS (Complete only if different from above)

Address:

State:

Postcode:

Country:



7. CONTACT DETAILS

For Joint Accounts please nominate each applicant.

For **Company Accounts** please nominate officers/employees to operate the account.

Nominated Company Account officers/employees must also provide a specimen signature.

PREFERRED CONTACT

Title:	Given Names (s):	Surname:
Date of Birth:	Position/Title:	
CONTACT DETAILS		
Business Telephone: ()	Mobile:	
Home Telephone: ()	Facsimile Number: ()	
Email Address:		
Specimen Signature:		
Residential Address (Please note that a PO Box is not acceptable):		
State:	Postcode:	Country:
Employer:		

ALTERNATIVE CONTACT 1

Title:	Given Names (s):	Surname:
Date of Birth:	Position/Title:	
CONTACT DETAILS		
Business Telephone: ()	Mobile:	
Home Telephone: ()	Facsimile Number: ()	
Email Address:		
Specimen Signature:		
Residential Address (Please note that a PO Box is not acceptable):		
State:	Postcode:	Country:
Employer:		

**ALTERNATIVE CONTACT 2**

Title: Given Names (s): Surname:

Date of Birth: Position/Title:

CONTACT DETAILS

Business Telephone: () Mobile:

Home Telephone: () Facsimile Number: ()

Email Address:

Specimen Signature:

Residential Address (Please note that a PO Box is not acceptable):

State: Postcode: Country:

Employer:

8. APPOINTING A THIRD PARTY TO ACT ON YOUR ACCOUNT

This section is optional but must be completed by those clients who wish someone other than the applicants named on this form to operate the account (eg. Spouse , accountant , Power of Attorney or financial planner , or if a company account other office bearers).
If acting under Power of Attorney , please attach an original certified copy of the Power of Attorney.
(Please note we require certified identification documents for all third parties to act on an account.)

NOMINATED INDIVIDUAL

Title: Given Names (s): Surname:

Date of Birth: Relationship:

Company Name (if relevant): Position/Title:

Business Telephone: () Mobile:

Home Telephone: () Facsimile Number: ()

Email Address:

Nominated Individual's
Specimen Signature:

Address (Please note that a PO Box is not acceptable):

State: Postcode: Country:

☐ Acting under Power of Attorney (Please tick box if applicable)

9. TRADE CONFIRMATION NOTICES

How do you wish to receive your Trade Confirmations? (Please tick a box – Preferred Contact is mandatory)

PREFERRED CONTACT:	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Facsimile
ALTERNATIVE CONTACT 1:	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Facsimile
ALTERNATIVE CONTACT 2:	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Facsimile

10. ARE YOU AN AUSTRALIAN RESIDENT FOR TAXATION PURPOSES?

Individual & Joint Accounts only. (Please tick a box)

APPLICANT 1:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
APPLICANT 2:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
APPLICANT 3:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. TAX FILE NUMBER

By Law, you are not required to provide your Tax File Number (TFN). However, Australian residents will have resident withholding tax deducted from any interest or unfranked dividend when the TFN is not provided. If you supply Baker Young with your TFN and you are Broker Sponsored, Baker Young will advise it to the relevant company when any future purchase or interest bearing deposit is made.

1ST APPLICANT / COMPANY/SUPER FUND/ TRUST:	
2ND APPLICANT (IF APPLICABLE):	
3RD APPLICANT (IF APPLICABLE):	

12. ABN / ACN (If applicable)

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13. CHESS SPONSORSHIP (choose one of the following)

DO YOU WISH BAKER YOUNG TO CHESS SPONSOR YOUR HOLDINGS?	(Please tick a box)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you nominated "Yes" or elected to transfer your HIN, please ensure that you have read and understood the CHESS Sponsorship Terms & Conditions.

If no, please nominate an alternate settlement participant such as Margin lender below or we will assume that you intend for the account to be ISSUER sponsored. Baker Young does not recommend operating an ISSUER Sponsored Account.

Institution:	PID:
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14. EXECUTION BY THE APPLICANT(S) – Individual & Joint Accounts only

(Please note that the witness may not be another applicant named in this document)

APPLICANT 1

Name of Applicant 1:		Signature:	
Name of Witness:		Signature:	
Date:			

APPLICANT 2

Name of Applicant 2:		Signature:	
Name of Witness:		Signature:	
Date:			

APPLICANT 3

Name of Applicant 3:		Signature:	
Name of Witness:		Signature:	
Date:			



15. EXECUTION BY THE APPLICANT(S) – Company Accounts, Corporate Trustees

(Please note that the witness may not be another applicant, officer or employee named in this document)

DIRECTOR 1 / TRUSTEE 1 / SOLE DIRECTOR			
Name of Director 1 / Trustee 1		Signature:	
Name of Witness:		Signature:	
Date:			

DIRECTOR 2 / TRUSTEE 1 / SOLE DIRECTOR			
Name of Director 2 / Trustee 2		Signature:	
Name of Witness:		Signature:	
Date:			

DIRECTOR 3 / TRUSTEE 1 / SOLE DIRECTOR			
Name of Director 3 / Trustee 3		Signature:	
Name of Witness:		Signature:	
Date:			

FOR OFFICE USE ONLY	
Account No:	Executed For And On Behalf Of Baker Young Stockbrokers Ltd
HIN:	
Advisor Code:	
Date:	
Acc Type / Class:	

Anti Money Laundering (AML) Identification Requirements

To ensure we meet identification requirements under AML/CTF rule 4.2.3 which require us to prove your **full name, date of birth and current residential address** (at minimum) we require you to provide the following ID:

- a) One piece of Category A identification or :
- b) One piece of Category B ID as well as one item from Category C, which will confirm your residential address:

Category A Primary ID with Photograph

- Certified Copy of Current Australian Drivers License
- Certified Copy of National Identity card issued for the purpose of identification
- Certified Copy of Australian Passport (Current or (<2 years expired) + 1 item from Category C
- Certified Copy of Current Foreign Passport + 1 item from Category C
- Certified Copy of Proof of Age Card issued under law of an Australian State or Territory + 1 item from Category C

Category B Primary Non-Photographic ID

- Certified Copy of Birth Certificate (Australian or Foreign)
- Certified Copy of Birth Extract (Australian Only)
- Certified Copy of Australian Citizenship Certificate
- Certified Copy of Current Australian Government Benefits card (E.g. Pension Card)

Category C Secondary ID

- Certified Copy of Current International Drivers License
- Certified Copy of Current Foreign Drivers License
- Certified Copy of Interim Australian Drivers License
- Certified Copy of Australian Taxation Office Notice (<12 months old)
- Certified Copy of Rating Authority Bill (<12 months old e.g. Shire Bill)

Acceptable ID for a Minor (person under 18 years of age)

- Certified Copy of Birth Certificate (Australian or Foreign)
- Certified Copy of Birth Extract (Australian Only)
- Notice from school principal that contains the name and residential address of the person and records the
- length of time that the person attended at the school

Change of Name or Signing on behalf of another person

Change of name Original Certified Copy of Marriage Certificate, Deed Poll or Change of Name Certificate from the Births, Deaths and Marriages Registration Office.

Signing on behalf of the applicant

Original Certified Copy of Guardianship Papers or Power of Attorney

Anti Money Laundering (AML) Certification Requirements

List of Competent Witness

You must ensure that the person that is certifying your documents does the following

- Clearly writes on the photocopied document/s the following or like sentence I certify that this document is a true and correct copy of the original document. This MUST be on each piece of supporting documentation.
- They must either use their stamp or clearly write their name and their position to allow us to confirm that the documents have been certified by one of the above person/s (such as Justice of the Peace, Australia Post employee, etc).
- If the document is in another language that isn't English this must be translated by a prepared translator and certified prior to submission to our office.

The person who certifies your documents must be independent of your application and from one of the following professions:

- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
- a judge of a court;
- a magistrate;
- a chief executive officer of a Commonwealth court;
- a registrar or deputy registrar of a court;
- a Justice of the Peace;
- a notary public (for the purposes of the Statutory Declaration Regulations 1993);
- a police officer;
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
- a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993);
- an officer with, or authorised representative of, a holder of an Australian financial services license, having 2 or more continuous years of service with one or more licensees.
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.