

Adelaide Cash Management Trust Authorised Operator Form

Adelaide Managed Funds

A subsidiary of Adelaide Bank



Account name

Account number

A Appointment of your financial adviser

Full access

If you open your account through your financial adviser, they are automatically authorised as a Limited Access Operator on your account. You can use this form to increase the level of their authority by appointing them as a Full Access Operator.

Would you like to appoint your financial adviser whose stamp appears on this form, and their partners, officers, employees, agents and service providers to have Full Access Operator status on your account?

- Yes, I/We do wish to appoint my/our financial adviser whose stamp appears on this form to operate this account through their partners, officers, employees, agents and service providers.
- No, I/We DO NOT wish to appoint my/our financial adviser to operate this account.

Modify access

- Please change my financial adviser/dealer group whose stamp appears on this form to have Limited Operator Access.

Delete access

- Please cancel the authority of my financial adviser/dealer group

Please note: Cancelling financial adviser authority means they will no longer be noted on your account.

B Appointment of other authorised operators

If you would like to appoint an alternative person as an authorised operator on your account, please complete all of the following details:

Authorised Operator 1

Individuals not residing in Australia are required to complete an additional KYC information form which is available on the Adelaide Managed Funds website: adelaidemanagedfunds.com.au

Please tick applicable box (✓) Add Modify Delete

Title First name(s)

Last name

Residential address (PO Box is not acceptable)

Postcode

Contact number

Date of birth

Please tick (✓) required operator access level

- Full Operator Limited Operator

Signature of Authorised Operator 1

Authorised Operator 2

Please tick applicable box (✓) Add Modify Delete

Title First name(s)

Last name

Residential address (PO Box is not acceptable)

Postcode

Contact number

Date of birth

Please tick (✓) required operator access level

- Full Operator Limited Operator

Signature of Authorised Operator 2

Appointment of corporate entity as a Limited Access Operator

If you would like to appoint a corporate identity as a Limited Access Operator to this account please complete this section:

Corporate entity name

Address

Postcode

Contact number

(Limited access option only - Code 11)

- Duplicate statement required

Estate of the late accounts only - full access operator appointment

- Yes, I/we authorise my/our financial adviser/broker whose stamp appears on this form to act as my/our agent and to be appointed as a Full Access Operator on this account. I/We also acknowledge that by appointing an agent that I/we will no longer have access to this account.

Please note, all executors must sign this form and will be removed from the account. All future requests must be facilitated via the appointed agent.

C Account operating authority

Please indicate how you wish to operate your account Any one of us to sign All of us to sign

If you select 'any one of us to sign', each of you (including any person you appoint as an authorised operator) will be able to transact on or otherwise operate your account independently of the others.

If you select 'all of us to sign', you will not be able to operate your account without the written authority of all account holders. You can change the account operating authority at any time by written request signed by all account holders.

If you do not select an option we will assume that 'any one of us to sign' option will apply.

D Additional cheque book/card facility

If you require a cheque and/or cashcard facility please complete the following details.

Cheque facility

35 cheques 75 cheques

Cashcard facility

Authorised Operator 1

Name to appear on cashcard

Mother's maiden name (for security/identification purposes)

Authorised Operator 2

Name to appear on cashcard

Mother's maiden name (for security/identification purposes)

(If there are more than two applicants please attach details separately)

E Declaration and acknowledgement

You should read and understand the PDS (including the Terms and Conditions as amended from time to time). In particular, your attention is drawn to the section of the PDS titled "Appointing an Authorised Operator" and clauses 2, 12, 21.4 and 21.6 of the Terms and Conditions which outline the powers of account operators, including closing your account and transferring monies to another account.

I/We the undersigned:

1. Authorise each operator in this form to operate my/our account subject to the level of access specified for each operator in section A and B and the instructions I/we have provided in section C of this form;
2. Understand that a Full Access Operator can at any time request additional Transaction Services such as (but not limited to) a card and cheque book;
3. Understand that any such appointment of a Full Access Operator or Limited Access Operator continues until I/we cancel the appointment by giving notice in writing to the Manager or the Bank; and
4. Acknowledge that where I/we have asked the Manager and the Bank to delete or modify an operator's access that this instruction supersedes any prior instruction.

Customer 1

Name

Corporate title (if applicable)

Signature

Date

Customer 2

Name

Corporate title (if applicable)

Signature

Date

F Adviser use only

Adviser name

Firm name

Dealer group

State

Broker code

Client reference no

Adviser
Stamp

By signing this section, I acknowledge and confirm that I have identified the customer(s) in accordance with the applicable 'Know Your Customer' requirements.

Signature

(Office use only)

Investment number

Signature verified

Yes

No

Scan number