



# Adviser Fee Authority

Please complete form in BLACK INK using CAPITAL letters.

1

## YOUR DETAILS

Full account name

Account number

Postal address



Post code

Contact name

Phone (business hours)

Mobile

Email address

2

## APPOINTMENT OF COMPANY FOR FEE DEDUCTION – ADVISER DIRECTED PAYMENT

I/We authorise

Company / Stockbroker / Adviser Practice name

Broker code (if known)

3

## ADVISER REMUNERATION – CLIENT DIRECTED PAYMENT

### Ongoing Adviser Service Fee

DDH is authorised, on behalf of the AFS licensed financial institution, to collect Adviser Servicing Fees from the Account on behalf of the Licensee and remit this amount in consideration of financial advice provided by its representative or authorised representative. This fee will be deducted from the account as either a reduction in the interest rate payable, or a flat dollar amount as specified below (GST inclusive):

Adviser Servicing Fee

 %

Adviser Servicing Fee

 \$

Commencement Date

Frequency

Signature

Signature

Name

Name

4

## TERMS AND CONDITIONS AND SIGNATURE OF ACCOUNT HOLDER/S

By signing this form, I/we acknowledge that we have read and understood the Terms and Conditions of the BOQ Money Market Deposit Accounts and confirm that I/we and each of the Authorised Signatory(s) agree to be bound by those Terms and Conditions, in particular, if you have completed Section 2:

- A. You agree that we may accept instructions from any relevant authorised officers of the nominated firm to deduct amounts from the Account at any time
- B. The elected company/firm will also automatically be able to enquire on your account
- C. Withdrawals may be made for any amount and may be made at varying intervals of time
- D. You:
  - a. Indemnify us against all loss, liabilities and costs incurred directly or indirectly as a result of the appointment of this third part authority;
  - b. Indemnify us against all loss, liabilities and costs incurred directly or indirectly in connection with any action by a third party under their appointment or any payment made from your account on their instruction; and
  - c. Release us from claims and liabilities in connection with any act or omission relating to the appointment of a third party on your account.
- E. This authority will remain until you cancel it by telling us in writing

Signature

Signature

Name

Date

Name

Date