

APPOINT/CHANGE ANZ V2 PLUS INTERMEDIARY AND/OR AUTHORISED REPRESENTATIVE



Complete all appropriate sections and either email, fax or post
to the ANZ V2 PLUS Service Centre

V2 PLUS Service Centre
Locked Bag 3000,
Collins Street West,
Melbourne VIC 8007
Ph: 1800 282 345
Email: V2accounts@anz.com

Date:

Authorised representative name:

Contact number:

1. ACCOUNT INFORMATION

Please complete the account details you wish to grant/change access to

BSB

Account number

Account name

2. APPOINT AN AUTHORISED REPRESENTATIVE

Name of authorised representative

Signature of authorised representative

Date (DD/MM/YYYY)

3. APPOINT / CHANGE INTERMEDIARY

Appoint intermediary

Intermediary name

Change intermediary

Old intermediary name

New intermediary name

4. CUSTOMER DECLARATION

I/WE hereby authorise ANZ to change the intermediary whose details appear in this form to access and operate the account, including through its employees.

I/We also acknowledge that the interest rate applicable to my/our accounts may vary based on the intermediary I/we have appointed to my/our account.

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5. AUTHORISED REPRESENTATIVE/INTERMEDIARY ACCESS LEVEL

Please select the access level you wish your authorised representative and/or intermediary to have

- View-only access** - The authorised representative/intermediary may only view your ANZ V2 PLUS account.
- Trade and view-only access** - The authorised representative/intermediary may make deposits into, and withdrawals from, your ANZ V2 PLUS account only via the real-time share trading interface. The authorised representative/intermediary may also view your ANZ V2 PLUS account.
- Full access** - The authorised representative/intermediary has the same level of access to your ANZ V2 PLUS account as you. This includes authority to make deposits into, and withdrawals from, your ANZ V2 PLUS account and to view your ANZ V2 PLUS account.

Customer(s) full name

Customer(s) signature

Date (DD/MM/YYYY)

Customer(s) full name

Customer(s) signature

Date (DD/MM/YYYY)

Customer(s) full name

Customer(s) signature

Date (DD/MM/YYYY)

* An authorised representative/intermediary must satisfy ANZ's customer identification requirements before being granted access to the account(s) listed above.

IMPORTANT INFORMATION

This facsimile/document contains information that is confidential and which may be legally privileged. If you are not the intended recipient, you must not read, use, distribute or copy this facsimile/document. If you are not the intended recipient, please notify us immediately on 13 28 33 and return the original facsimile/document to us by mail at our expense. Thank you.