

# Executor/Administrator Authority Form

Share Trading is a service provided by Australian Investment Exchange Ltd (the Participant, we, us, our) ABN 71 076 515 930 AFSL 241400, a participant of the ASX Group and Chi-X Australia.



Use this form to appoint an authorised representative of an Estate to a Share Trading Account or Margin Loan.

One form is to be completed for each appointed Executor/Administrator as named in the last will and testament or grant of Probate/Letters of Administration.

## Section 1 – Estate Account Details

### Trading Account Number

         

Trading Account Name

## Section 2 – Executor/Administrator Details

Mr  Ms  Mrs  Miss  Dr  Other

Given Name/s

Surname

Other name/s commonly known by (if applicable)

Date of Birth

Gender

 M

 F

### Address Details

Residential Address (cannot be a PO Box):



State Postcode

Country (if not Australia)

Postal Address  Same as Registered Address



State Postcode

Country (if not Australia)

Email Address

You **must** complete at least one contact number (and tick your preferred contact number)

|   |                          |        |                          |
|---|--------------------------|--------|--------------------------|
| M | <input type="checkbox"/> | MOBILE | <input type="checkbox"/> |
| H | <input type="checkbox"/> | HOME   | <input type="checkbox"/> |

### Job Category and Type (mandatory)

(see the *Job and Industry Classifications List* available from the website for a list of acceptable Job Categories Types)

Job Category

Job Type

## Section 3 – Executor/Administrator Identification



All executors and administrators **must** attach certified copies of ID. Your ID documents must be in the exact same details as those provided in this form.

Please tick and complete ONE of the following options below:

If you have an existing trading account, please provide your Username or Trading Account Number

**OR**

I will attach clear, legible original certified photocopy of one of the following and consent to the electronic verification to be performed.

- Australian Drivers Licence **OR**
- Passport

AUSIEX is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to collect information about you and verify your identity before AUSIEX can provide you with the services or products for which you've applied.

By ticking this box on this form:

- I consent to having electronic identification performed using personal details and identification documents I have provided, and understand that providing false or misleading information about my identity is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
- I consent to having my personal details and identification documents matched to information held by the issuer or Official Record Holder via third party systems
- I understand that my personal information will be exchanged with external organisations including: credit reporting agencies, Commonwealth and State government departments, independent and private sector organisations and outsourced providers who coordinate the electronic identification process and who may conduct additional matches against public or proprietary databases
- As part of the electronic identification process, I permit these external organisations to record, use and disclose my information in accordance with their own privacy policies and legal obligations. I understand that AUSIEX and its outsourced providers will access records held about me by these external organisations only for the purpose of matching the identifying information I have chosen to provide
- I consent to providing my name, address and date of birth to selected credit reporting agencies to match this information against their records. I understand that this is done only for identity verification purposes as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

You do not have to consent to electronic verification. If you do not want to be verified electronically, you have the option to be identified by sending in your original certified copy of identification to us via post.

## Section 4 – Declaration & Signature/s

I understand, acknowledge and declare that the information I have provided to you on this form is true and correct and the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure.

FULL NAME

SIGNATURE

DATE

**Privacy statement:** AUSIEX is collecting your personal information in connection with your role as an executor/administrator. For details of AUSIEX's privacy and information handling practices, including how you may access your information, seek correction of that information and how you may complain, please refer to our Privacy Policy which is available on our website.