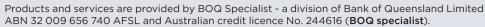
Delegated User Nomination

Please complete your details and return to BOQ Specialist GPO Box 2539, Sydney, NSW, 2001 or email client.service@boqspecialist.com.au



For use by account holders that wish to delegate authority for another person to act on their behalf using internet banking and elect the permissions that person will have.

Please use **BLOCK LETTERS**



1. CLIENT DETAILS						
Please provide details of client (example: individual, corporate, trust, super fund).						
Entity 1				Client Number		
Entity 2				Client Number		
Entity 3				Client Number		
2. DELEGATED USER DETAILS						
Please complete details of individual bein	ng granted d	elegate access	5			
Existing Client Name				Client Number		
Not an existing client						
Note: A current signatory on one of the accounts belonging to the entities listed above cannot be a delegated user. Should you wish to appoint them as a delegated user you will need to remove them as a signatory by completing the Amendment to Account Signatory form which can be obtained by calling our Client Service Centre on 1300 160 160. Once you have appointed a delegated user, please go online and select the level of access and transaction permissions for one or more of the accounts belonging to the above entities. The delegated user will then be able to register for online banking and view or transact as per your set permissions. As a delegator, you are responsible for the actions of the delegated user.						
Delegate details	ate details Identification details					
Mr Mrs Dr Ms	Other		Mother's Maiden Nam	e		
Full name	0 0.101					
			Father Date of Birth			
Date of birth	Sender		/ /			
/ /			Name of High School			
Residential Address (PO BOX is not acceptable)						
			Please provide copies of and details for at least two (2) of the following documents			
Suburb	State	Postcode	Driver licence number			
			State of issue			
Postal Address (If same as residential address state "As Above")			Driver licence expiry of	date / /		
			Medicare card numbe	r		
Suburb	State	Postcode				
			Medicare card individ	ual reference number		
Email Address			Medicare card expiry	date /		
			Passport Number			
Telephone work ()			Passport Country of is	ssue		
Telephone home			Country of Birth			
()			City of Birth			
Mobile number				ead and understood the privacy declaration		
			as set out below.	dliser		
Relationship to Account Holder (e.g. Accountant)			Signature of Delegated User			
			X Sign Here			
			Date	/ /		

Authorised Signatory 2 Name Name Signature Signature Date Date

4. PRIVACY DECLARATION

This Privacy Declaration explains how we collect, use and disclose your personal information. By signing and submitting this application, you agree that we may handle your personal information as detailed in this Privacy Declaration.

3. REQUESTED AND AUTHORISED BY DELEGATOR

Collection

BOQ Specialist is collecting your personal information in order for you to be nominated as an Account Signatory on this Transactional Account/Home Lending Account. By signing the authority above, I agree to BOQ Specialist collecting, using and disclosing my personal information, including sensitive information, in the ways described within this collection notice; I acknowledge that BOQ Specialist may not be able to provide me with some or all of the features of BOQ Specialist's products or services if I do not provide the personal information BOQ Specialist asks for.

BOQ Specialist collects, uses and discloses your personal information:

- to verify your identity and carry out other checks as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)
- b. and the National Consumer Credit Protection Act 2009 (Cth);
- c. for the administration of the facility;
- d. to enable it to undertake planning, product development, data mining or research;
- e. in connection with any potential or actual acquisition of an interest in BOQ Specialist and its related entities;
- for the investigation and prevention of crime, fraud and illegal conduct;
- g. to provide you with information about other products and services in which you may be interested.

Exchange generally

You understand and agree that we may exchange your personal information, to the extent permitted by law, with:

- BOQ Specialist's subsidiaries, related bodies corporate and other members of the Bank of Queensland Group and its related bodies corporate;
- its agents, credit managers and related service providers;
- · your agents and representatives;
- anyone for whom you are a beneficial owner, directors and any authorised signatories;
- other entities to whom BOQ Specialist is, by law, required or permitted to provide information about you
- other entities that are authorised by you.

Some of the parties with which we exchange your personal information may be located outside Australia. Details about the location of these recipients are set out in the BOQ Specialist Privacy Policy at www.boqspecialist.com.au.

Further information

If you have any questions, concerns or feedback about privacy, you may contact BOQ Specialist's Privacy Officer at GPO Box 2539, Sydney NSW 2001; privacy@boqspecialist.com.au; or by calling 1300 160 160. Where you raise any concerns that BOQ Specialist has interfered with your privacy, BOQ Specialist will respond to let you know who will be handling your matter and when you can expect a further response. You understand that you can access BOQ Specialist's Privacy Policy via www. boqspecialist.com.au or on request. The Privacy Policy contains further details about how BOQ Specialist handles personal information and credit reporting information, and matters such as website privacy, credit reporting bodies used and your access, correction and complaint rights in relation to BOQ Specialist and those credit reporting bodies.

ACCOUNT OPENING DOCUMENTATION REQUIREMENTS

Everyone who opens a new account and all signatories to and beneficial owners of the account are required by law to be identified. In the event that we are unable to identify you electronically, the below table outlines the identification documents you will be required to provide.

INDIVIDUAL / SOLE TRADER AND JOINT APPLICANTS

Two (2) A documents	(A+A)
One (1) A documents AND one (1) B document	(A+B)
One (1) A documents AND one (1) C document	(A+C)
Two (2) B documents	(B+B)
One (1) B documents AND two (2) C documents	(B+C+C)

Category "A" Documents - Primary Photographic

- Original Certified Copy of Australian or Foreign Drivers Licence
- Original Certified Copy of Passport
- · Original Certified Copy of Proof of Age Card
- · Original Certified Copy of a National Identity Card

Category "B" Documents - Primary Non-Photographic

- Original Certified Copy of Birth Certificate or Birth Extract
- Original Certified Copy of Citizenship Certificate
- · Original Certified Copy of Australian Pensioner Concession Card, Health Care Card or Seniors Health Card

Category "C" Documents - Secondary Documents

- Original Certified Copy of Australian government issued Medicare Card
- · Original Certified Copy of Debit or Credit Card
- Original Certified Copy of Student Photo Identification Card (issues by Australian higher education provider or Institution or TAFE)
- Original Certified Copy of Australian Government Notice of Assessment (<12 months old)
- Original Certified Copy of Australian Bank statement (<12 months old)
- Original Certified Copy of rental agreement
- · Original Certified Copy of Australian Working with Children Check or Blue Card
- Original Certified Copy of Australian Defence Force Identification Card
- Original Certified Copy of Utility Bill (water or electricity or council rates bill (<3 months old))

The following parties can certify documents: legal practitioner, judge, magistrate, Justice of the Peace, police officer, permanent employee of the Australian Postal Corporation with 2 or more years of service, finance company director / partner with 2 or more years of service, an officer with or an authorised representative of a holder of an Australian Financial Services Licence, member of the Institute of Chartered Accountants in Australia, CPA Australian or the National Institute of Accountants with 2 or more years continuous membership, Dentist, Chiropractor, Medical Practitioner, Nurse, Pharmacist, Optometrist, Patent Attorney, Physiotherapist, Psychologist, Trade Marks attorney, Veterinary surgeon, Bailiff, Marriage celebrant, Australian Consular Official or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955) and all other persons prescribed by Regulation 4 of the Statutory Declarations Regulations.

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