

## Third party full access authority

Please complete form in BLACK INK using CAPITAL letters.

### Account details

#### PRODUCT

BOQ Money Market Deposit Accounts

Westpac Select CMA

#### ACCOUNT NUMBER

#### ACCOUNT NAME (IN FULL)

### Full access authorisation

Please register the following authorisation to my Account on my/our behalf:

Full Access Authority to: Openmarkets Australia Ltd, ABN 38 090 472 012 (Openmarkets)

### Full access declaration and instructions

I/We, the Account Holder/s of the account ("Account") nominated in section 1 above (and any subsequent term deposits opened under this facility), authorise DDH Graham Limited ("DDH") to provide current and historical account and transactional (including account balance) details ("Data") in relation to my Accounts to Openmarkets.

I/We understand and agree that:

1. No agency, partnership, joint venture or any other type of similar relationship exists between DDH and Openmarkets;
2. This authority serves as Full Authority on my account. I/we are liable for all transactions incurred by Openmarkets using my Account except where I/we are not liable for loss arising from unauthorised transactions under Chapter 1 of the E-Payment Code;
3. DDH is not liable for any loss or damage which may be suffered or incurred, or which may arise, directly or indirectly, as a result of acting in accordance with this Authority;
4. This Authority is to be read together with the relevant terms and conditions that govern my Accounts, however, to the extent of any inconsistency these terms will prevail;
5. DDH will not be liable to any person for their reliance on any Data supplied to Openmarkets or any failure of DDH to provide information or to provide complete or accurate Data to Openmarkets;
6. I/We may terminate this agreement on providing 2 business days written notice to DDH.

### Declaration and Signature of Account Holder/s

I/We declare that the information provided in this document is true and correct and that I/we are authorised to sign this document.

If you are signing this form on behalf of a company or firm you:

- represent and warrant that you are authorised to sign this form on that company or firm's behalf; and
- to the fullest extent permitted by law, by signing this form you agree on behalf of the company or firm to indemnify and save the Bank and DDH from and against any claim, loss, demand or damage sustained or incurred by the Bank and DDH directly or indirectly consequential on the Bank and DDH acting on instructions given by that company or firm, or a person purporting to be a person authorised by that company or firm, to provide the Bank and DDH with instructions on the company or firm's behalf in relation to the Account(s) held by the holder.

NAME	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>