



Complete the form below and please fax to: +61 7 3807 8070
 or scan & email to: accounts@gotmoneyfx.com.au

| Trust / Superannuation Application | | | | | | | |
|--|------------------------------------|-------|--------------------------|----------|--------------------------|--|--|
| Trust Name | | | | | | | |
| ABN | | | | | | | |
| Trustee(s) | | | | | | | |
| Contact Person | | | | | | | |
| Contact Number | | | | | | | |
| Fax Number | | | | | | | |
| Registered Address | | | | | | | |
| Suburb | | State | | Postcode | | | |
| Postal Address <small>(if different from address)</small> | | | | | | | |
| | | | | | | | |
| Email Address | | | | | | | |
| Account Currency | <i>Please tick appropriate box</i> | AUD | <input type="checkbox"/> | USD | <input type="checkbox"/> | | |
| How did you hear about us? | | | | | | | |
| <hr/> | | | | | | | |
| Signature of Applicant | | | | | | | |
| Print Name | | | | | | | |
| Date | | | | | | | |



By signing this application or submitting it electronically you agree that:

1. You have read and understood the relevant disclosure documents terms and conditions and Financial Services Guide.
2. You understand the nature of and risks associated with investing in particular the risk of leverage.
3. You are authorised to trade in all Got Money FX products.
4. That the information that you have provided in this application form is true and correct and you will notify Got Money FX in writing if any information provided changes or ceases to be correct.
5. You understand that Got Money FX, in accordance with its Anti Money Laundering and Counter Terrorism Program, may make inquiries as to your identity.
6. This application form requires you to disclose personal information. The Privacy Policy how we collect personal information and then how we maintain, use and disclose this information. By signing and returning this application form, you acknowledge having reviewed the Privacy Policy and you consent to us collecting, using and disclosing information about any person named in this application form for the purposes described in the Privacy Policy.



| Trustee #1 Details | | | | |
|--------------------|--|-------|--|----------|
| Trustee Name | | | | |
| Current Address | | | | |
| Town | | State | | Postcode |
| Signature | | | | |
| Print Name | | | | |
| Date | | | | |

| Trustee #2 Details | | | | |
|--------------------|--|-------|--|----------|
| Trustee Name | | | | |
| Current Address | | | | |
| Town | | State | | Postcode |
| Signature | | | | |
| Print Name | | | | |
| Date | | | | |



| Corporate Trustee Director #1 Details | | | | |
|---------------------------------------|--|-------|--|----------|
| Director Name | | | | |
| Current Address | | | | |
| Town | | State | | Postcode |
| Signature | | | | |
| Print Name | | | | |
| Date | | | | |

| Corporate Trustee Director #2 Details | | | | |
|---------------------------------------|--|-------|--|----------|
| Director Name | | | | |
| Current Address | | | | |
| Town | | State | | Postcode |
| Signature | | | | |
| Print Name | | | | |
| Date | | | | |



| Identification For Trustee/Director #1 | | | | |
|--|--|-------|--|-------------|
| 1 Medicare Number | | | | |
| 2 Tax File Number | | | | |
| 3 Passport Number | | | | |
| Passport Country | | | | |
| Name at Birth | | | | |
| Place of Birth | | | | |
| 4 Drivers Licence Number | | State | | Expiry Date |

| Identification for Trustee/Director #2 | | | | |
|--|--|-------|--|-------------|
| 1 Medicare Number | | | | |
| 2 Tax File Number | | | | |
| 3 Passport Number | | | | |
| Passport Country | | | | |
| Name at Birth | | | | |
| Place of Birth | | | | |
| 4 Drivers Licence Number | | State | | Expiry Date |

In addition to personal identification documents please submit the following company documents:
 Copy of Certificate of Incorporation – Corporate Trustee
 Proof of registered trading address
 Certified extract of the trust deed

If you are unable to provide the above identification please submit photo identification and proof of current address.