

USE THIS FORM TO NOMINATE YOUR BANK ACCOUNT. PLEASE NOTE THAT FIELDS MARKED WITH AN ASTERISK (*) ARE MANDATORY

1. CLIENTS DETAILS

*Account Name:

*Powerwrap Account Number: *Contact Number:

Nominated accounts

I would like the details to:

Replace bank account(s) previously nominated

Add additional bank account(s) to those previously nominated

(If you do not tick a box we will assume that details below will be in addition to those previously nominated)

Please check your payee account details carefully.

It is your responsibility to ensure all payee account details are correct. Payments are processed using the BSB and account number provided, and account names are used as a reference only. Incorrect details may result in a loss of funds and we do not guarantee their recovery. We do not accept liability for funds unable to be recovered. Please confirm the correct account details with the payee.

2. NAME AND ADDRESS OF FINANCIAL INSTITUTION AT WHICH ACCOUNT IS HELD

*Name of Financial Institution: *Branch:

*Account Number: *BSB:

*Account Name:

3. ACKNOWLEDGEMENT

By signing this Nominated Bank Account Form you acknowledge having read and understood the terms and conditions between you and Powerwrap Limited as set out in this request and in your account application form.

4. AUTHORISED SIGNATURES

*Signature:

*Date: / /

*Full Name (print):

*Signature:

*Date: / /

*Full Name (print):

5. ADVISER AUTHORISATION

I am duly authorised and request that Powerwrap Limited execute the above client instructions. I confirm that I have verified the client's signature and accept full responsibility for these instructions.

Signature:

Date: / /

Adviser Name:

Return completed original form to Powerwrap Limited PO Box 16071, Collins St West Vic 8007 or submit via your financial advisor

Office use only

Sig Verified

Officer

Date