



Please complete Application form in full in black or blue pen using CAPITAL LETTERS and where appropriate.

Email to: equity.lending@nab.com.au

Attention
NAB Equity Lending contact name

Facility details

Client/Facility name

Facility number

NAB Equity Lending Product

NAB Margin Loan NAB Equity Builder NAB Super Lever

Client representative authority

I/we authorise National Australia Bank Limited, National Margin Services Pty Ltd and NMS Nominees Pty Ltd and their related entities to act on the instructions of the person(s) whose details appear below as my/our authorised representative(s).

We acknowledge that authorised representatives are able to do anything I/we can do under our NAB Equity Lending (Margin Loan) / NAB Equity Builder / NAB Super Lever Facility including increase the Facility limit, buy and/or sell investments and receive and respond to any margin calls that may arise.

This authority is to remain in place until I/we provide National Australia Bank Limited with a written request to terminate the appointment of the authorised representative(s). If more than one person is nominated as my/our representative, National Australia Bank Limited may act on the instructions of any of them unless otherwise advised.

New to NAB authorised representatives must provide a copy of certified photographic identification document for onboarding purposes.

Authorised representative details

1. Authorised representative details

a. Title:

Mr Mrs Ms Miss Other

b. First name:

c. Middle name(s):

d. Surname:

e. Date of birth (you must be over 18 years of age):

/ /

f. Gender:

Male Female Non-Binary Prefer not to say

g. Home address:

State

Postcode

h. Postal address:

Same as home address

State

Postcode

i. Mobile number:

j. Email address:

k. Occupation:

l. Relationship to applicant

2. Tax details

a. What countries are you a citizen of?

Australia

Other, please list below:

b. Which countries are you a tax resident of?

Australia

Other country(s)- Download the supplementary form, from www.nabmarginlending.com.au/supform and fill out section 1.

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can also be as a result of citizenship or residency

c. Tax File Number (TFN) (Optional)

We are authorised to collect your TFN under the Income Tax Assessment Act 1936 and will use your TFN to report details of interest earned to the Australian Taxation Office. It is not compulsory to provide your TFN and it is not an offence if you decline to do so. If you do not provide your TFN or advise us that you are eligible for an exemption from providing a TFN, Withholding Tax may be deducted from your dividends and distributions at the maximum marginal tax rate (plus the Medicare Levy). If you require further information on the use and collection of TFNs, contact your tax adviser or the Australian Taxation Office.

If you quote your TFN you authorise each of National Australia Bank Limited and National Margin Services Pty Ltd as your agent to provide your TFN details as provided to investment bodies in connection with the Facility. To avoid doubt this authority extends to the provision of your TFN to the relevant investment body for further investments in connection with the Facility. This authority is to apply until such time as it is revoked in writing to us. If you don't have your TFN or Exemption you can provide it to us later.

Authorised representative signature

By signing this form, the authorised representative agrees to be the authorised representative of the applicant(s) for the purpose contemplated by this form and acknowledges receiving NAB's Privacy Notification.

The authorised representative confirms that they have read the Product Disclosure Statement and Facility Terms for NAB Equity Lending (Margin Loan) / NAB Equity Builder / NAB Super Lever (as applicable) and the Product Disclosure Statement for the Cash Management Account.

Authorised person (PRINT FULL NAME)

Signature

✗

Date

/ /

Applicant Signature

I/We consent to companies of the National Australia Bank Group using and disclosing my/our personal information as contemplated in the section titled 'Your personal information and privacy' in the NAB Equity Lending Facility Terms.

Individual/Joint

Signature – first applicant

✗

Signature – second applicant

✗

Full name

Full name

Date

Date

/ /

/ /

Company applicant*

Executed by

Name of company and ABN

in accordance with subsection 127 (1) of the Corporations Act by authority of its director(s).

Signature of authorised person

✗

Signature of authorised person

✗

Full name

Full name

Office held (Director/Secretary)

Office held (Director/Secretary)

Date

Date

/ /

/ /

* If the company applicant is a proprietary company with a sole director who is also the sole company secretary, that person states that the sign as both the sole director and the sole company secretary. In all other cases, this application should be signed by two directors or a director and company secretary.