

# Westpac Online Investment Loan Third Party Security Provider Application Form

Complete this form when security for your Westpac Online Investment Loan is being provided (owned) by someone other than the borrower(s) – i.e. a third party security provider. Please note that in the case of joint borrowers, where the security being provided is owned by one of the borrowers only, that borrower must also complete a Third Party Security Application Form.

#### **Form instructions**

## Before you complete this Third Party Security Provider Application, please ensure that you read:

- 1. the Westpac Online Investment Loan Product Disclosure Statement;
- 2. the Westpac Online Investment Loan Facility Agreement;
- 3. the BT Securities Limited Financial Services Guide; and;
- 4. the CHESS explanation, Supplementary risk disclosure statement and Third Party Security Provider additional risk disclosure statement each of which are found in the Westpac Online Investment Loan Facility Agreement.

You can download the above documents from our website <u>westpac.com.au/investment-loan</u> or you can phone our Customer Relations Consultants on **1300 551 744** for more information.

#### Who can provide Third Party Security on a Westpac Online Investment Loan Facility

We will accept Third Party Security Applications from:

- 1. Individuals who are Australian residents for tax purposes and reside in Australia.
- 2. Australian proprietary companies which are not subsidiaries of listed companies. The company directors must be Australian residents for tax purposes and reside in Australia.

## How to complete this Third Party Security Provider Application Form

- 1. This form contains mandatory sections to complete, which are dependent on the entity providing the third party security
- 2. i.e. individual or company.
- 3. The checklist opposite will assist you to complete this Third Party Security Provider Application Form accurately. You may care to tick [] the relevant sections as you go, to ensure that you are accurately completing the form, and that you are providing any additional attachments required to support this application.
- 4. Please use BLACK PEN and print in clear CAPITAL LETTERS.

#### Mandatory Sections for Completion per Third Party Security Provider Type

Third Party Security Provider Type	Complete	Description/Comment
	Section 1	Name of Borrower
Individual Third Party Security Providers	Section 2	Individual Third Party Security Provider - Personal Details
	Section 6	Third Party Security Provider Signing Section
	Section 1	Name of Borrower
Company Third Party Security Providers	Section 3	Company Third Party Security Provider Details
	Section 6	Third Party Security Provider Signing Section

## Submitting your Third Party Security Provider Application Form

The original of this form and any other required information must be sent to:

Mail > Westpac Online Investment Loan GPO Box 3917 Sydney NSW 2001

## Approval of your Third Party Security Provider Application

Please note that all applications are subject to our approval.

We will contact you to notify you of the decision and/or any additional information and conditions. We may require evidence of independent legal advice prior to accepting you as a Third Party Security Provider.

#### **Questions?**

If you need help while you are completing this form, **please call our Customer Relations Consultants on 1300 551 744**. Phone lines are available Mon-Fri from 8.30am to 5.30pm (Sydney time).

## 1. Name of borrower to whom Third Party Security is to be applied

Borrower's	name
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# 2. Individual Third Party Security Providers - Personal details

For a Third Party Security Application consisting of more than two individual security providers, please complete an additional Third Party Security Application Form, and attach a letter confirming all third party security providers to the Westpac Online Investment Loan.

#### 2a Individual Third Party Security Provider 1

Tax file number ((TFN) or exemption category<sup>1</sup>

Full name		
Date of birth (dd/mm/yyyy)	Daytime contact number	Email address*
/ /	( )	
		*In the future, Westpac may elect to email correspondence to you.
Mailing address (write "AS ABC correspondence, including for (		residential address. We may use this address for future
Tax file number (TFN) or exem	nption category <sup>1</sup>	
2b Individual Third Party	Security Provider 2	
Full name		
Date of birth (dd/mm/yyyy)	Daytime contact number	Email address*
/ /	( )	
		*In the future, Westpac may elect to email correspondence to you.
Mailing address (write "AS ABC correspondence, including for (		residential address. We may use this address for future

3. Company Third Party Security Provider	
3a Company details	
Full name of company as registered by ASIC	
Australian Company Number (ACN) Australian Busing	ess Number (ABN) or exemption category <sup>1</sup>
Tax file number (TFN) or exemption category <sup>1</sup>	
Mailing address (We may use this address for future correspondenc	e, including for CHESS purposes.)
Name of contact person	
Daytime contact number Email address*	
*In the future, Westpac may elect	
3b Company Third Party Security Provider director details	S
How many directors are there?	
All company directors are to complete this section. If there are mo	re than two company directors, attach a separate sheet.
Director 1	
Full name	
Date of birth (dd/mm/yyyy) Home phone number E	mail address*
	In the future, Westpac may elect to email correspondence o you.
Current residential address (PO Box is not acceptable)	

Mailing address (write "AS ABOVE" if the same as your current residential address. We may use this address for future correspondence, including for CHESS purposes.)

## 3b Company Third Party Security Provider director details (continued)

#### **Director 2**

Full name		
Date of birth (dd/mm/yyyy)	Home phone number	Email address*
/ /	( )	
		*In the future, Westpac may elect to email correspondence to you.
Current residential address (P	O Box is not acceptable)	

Mailing address (write "AS ABOVE" if the same as your current residential address. We may use this address for future correspondence, including for CHESS purposes.)

<sup>1</sup> We are authorised by Australian tax laws to collect your Tax File Number ('TFN'). If you quote your TFN, TIN, Exemption Code or ABN, you authorise us, the nominee and the sponsor to disclose it on your behalf in connection with all transactions under the facility and in respect of the mortgaged property. Providing your TFN, Exemption Code or ABN is not compulsory, but if you do not provide the applicable information, tax may be taken out of dividends and distributions at the highest marginal tax rate plus Medicare levy or you will need to supply your TFN or Exemption Code to share registries, fund managers and other parties directly for any holdings to avoid tax being withheld at the highest marginal rate from any dividends or other payments. It is not an offence to not provide your Tax File Number.

Any details you do provide us (including your TFN) that are personal information will be collected, used and disclosed in accordance with our Privacy Statement (in particular please see Section 11 as regards TFNs) which is available at <u>westpac.com.au/privacy/privacy-statement</u> or by calling us on 132 032.

## 4. Privacy Statement

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at www.westpac.com.au/privacy/privacy-statement or by calling us on 132 032. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your application or request.

## 5. Anti-money Laundering and Counter-Terrorism Financing Act requirements

You confirm that:

- The account(s) will be held in the name of a person;
- The account(s) will not be held in trust; and
- If you are known by any other name, you have already provided your other name(s) to us or you will contact us to provide your other name(s) as part of your application for the account(s).

Note: It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to:

- give false or misleading information;
- receive a loan, credit card or deposit account in a false name.

# 6. Third Party Security Provider signing section

#### This section of the application comprises a deed.

## 6a Power of Attorney

Without limiting any power of attorney given by me under the Westpac Online Investment Loan Facility Agreement (**Facility Agreement**), I appoint BT Securities Limited ABN 84 000 720 114 (**the Lender**) and BT (Queensland) Pty Limited ABN 49 009 818 875 (the **Nominee**) and each person who is at any time authorised by **the Lender** or the **Nominee** or a related body corporate of **the Lender** to exercise the powers contained in this power of attorney separately as my attorneys.

- 1. I agree to approve anything an attorney does under this power of attorney, until this power of attorney is revoked in accordance with its terms and each attorney becomes aware that it has been revoked.
- 2. I agree that this power of attorney cannot be revoked by me without the written consent of the Lender.
- 3. I give the authorisations, consents and acknowledgments set out in the Third Party Security Provider Application attached to this power of attorney.
- 4. I declare that the information given in the Third Party Security Provider Application is correct and that this power of attorney is given for valuable consideration.
- 5. I declare that the attorneys are authorised to do any act as a result of which a benefit may be conferred on an attorney.
- 6. An attorney may delegate to another person a power under this power of attorney and may appoint an attorney to act on their behalf, as a sub-attorney.
- 7. An attorney may, in my name:
  - a. do everything needed (including completing any blanks) to execute and deliver the **Facility Agreement** and other documents listed in the Schedule in the Signing Section to this power of attorney and any other documents connected with them; and
  - b. stamp and register at my cost any of the documents listed in the Schedule in the Signing Section to this power of attorney and any other document connected with them.
- 8. Without limiting clause 7, an attorney may also in my name execute any document or do any act in connection with:
  - a. any notification to a share registry, **securities** issuer or CHESS of a change of registration details (including the registered name) of any of my **securities** to correspond with the details advised by me to **the Lender** from time to time;
  - any conversion request form, transfer form or other document, in relation to any securities for the purpose of converting or transferring those securities to or from my participant holding with the Nominee or the Lender and/or an agent of either of them;
  - c. any document which relates in any way to my **securities** or entitlements that form part of the loan portfolio or that are otherwise related to the **Facility Agreement** including:
    - i. directions to a company or share registry as to the address for payment of entitlements; and
    - ii. any application for the issue of share certificate or other documents evidencing title pursuant to section 1070D of the Corporations Act in respect of securities; and
  - d. any direction to the Nominee as nominee under the Facility Agreement; or
  - e. stamping and registering any documents; or
  - f. any instructions to a sponsor of my participant sponsored holding.
- 9. I declare that:
  - a. I am the legal owner of the **securities** and entitlements that form the part of the loan portfolio applicable to me and am entitled to authorise the attorney to act in accordance with this power of attorney;
  - b. anything done in exercising the powers given under this power of attorney will be as binding on me and anyone else as if I had done the acts myself; and
  - c. any person who deals with the attorneys in good faith may accept as true, a statement the attorney signs which says:
    - i. an act of the attorney is a proper exercise of the powers under this power of attorney; or
    - ii. this power of attorney has not been revoked.
- 10. I agree to indemnify the attorneys against, and I must therefore pay the attorneys on demand for any reasonable loss or costs they suffer or incur in exercising powers under this power of attorney.
- 11. The meaning of the words printed **like this** and some other important words are explained in the section Meaning of words and interpretation in the **Facility Agreement** or in this power of attorney.
- 12. I, me, mine and similar terms are references to each person identified as a **Third Party Security Provider** in the Westpac Online Investment Loan Application and executes this power of attorney separately.

## 6b Signing section

#### Schedule

- a. a Westpac Online Investment Loan Facility Agreement between me, the **Lender**, the **Nominee**, Value Nominees Pty Limited ABN 90 001 827 998 and anyone else who is joined in the agreement, in whatever capacity.
- b. one or more CHESS sponsorship agreements substantially in the form set out in the **Facility Agreement** relating to securities and entitlements I hold either alone or together with another person.
- c. any instrument and any form dealing in any way or relating to the **mortgaged property** including transfers, exercises of options, redemption requests and any controlling participant arrangement in relation to uncertificated securities.

#### By Signing Below, You Acknowledge, Declare and Confirm That:

- you have read and accept the terms of the Westpac Online Investment Loan Product Disclosure Statement, the Westpac Online Investment Loan Facility Agreement (Facility Agreement), the Supplementary risk disclosure statement, the Third Party Security Provider additional risk disclosure statement, the BT Securities Limited Financial Services Guide, the CHESS explanation and the power of attorney conditions,
- you accept the risks of margin lending and your obligations if we approve your application, and acknowledge that we have recommended you obtain independent legal and financial advice prior to becoming a Third Party Security Provider,
- you give our officers and us the power to enter into agreements, which bind you and do other things on your behalf without referring to you, including to complete your HIN details in your sponsorship agreement,
- you grant the Power of Attorney in Section 5A of this Third Party Security Provider Application Form,
- all the information you have provided on this Third Party Security Provider Application Form is true and correct,
- you are an Australian resident for tax purposes residing in Australia, and
- you acknowledge receiving a copy of the sponsorship agreement contained in the Westpac Online Investment Loan Facility Agreement for your records.
- where the Third Party Security Provider in this application is a company, you consider that the provision of the third party security is considered to be in the best interest of the company because:

#### (Company Third Party Security Providers must complete this)

For Company Third Party Security Providers, either two Directors, or one Director and the Secretary, or the Sole Director and Sole Secretary must sign. Indicate your company capacity by marking the appropriate box below your signature. Company Third Party Security Providers do not need to have their signatures witnessed in this section.

Signed	Sealed ar	nd Delivered	as a Deed	on (The	date must be	e completed)
Signed,	Sculca al				auto mast a	

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Signature of Third Party Security Provider 1	Full name of <b>Third Party Security Provider 1</b> (please print)
×	Director Sole Director/Sole Secretary
Signature of Witness	Full name of Witness (please print)
×	(Witness must be 18 years and over and an independent party to this application)
Signature of Third Party Security Provider 2	Full name of <b>Third Party Security Provider 2</b> (please print)
×	Director Sole Director/Sole Secretary
Signature of Witness	Full name of Witness (please print)
×	(Witness must be 18 years and over and an independent party to this application)