

# InnoQuantum Wealth Management Account Application



Inno Quantum Capital Market ABN 610098265 AFSL No. 237502 is the provider of the InnoQuantum Wealth Management Account (CMA)

This application forms part of the *Product Information Statement* dated 6 January 2018.

This form was updated in Jan 2018.

Financial Services Professional use only: Account number (if generated online):

Please use black ink and mark boxes  with an [x].

Identification required: All individuals must attach original certified copies of identification or an FSC/FPA form completed by your licensed Financial Services Professional, unless you are an existing IQCM client. For other entities, such as companies, trusts, associations, and so on, the relevant identification form must also be completed and any additional documentation must be provided as outlined in the *Application guide* available online. These forms can be downloaded from [iqcm.com.au](http://iqcm.com.au)

Before you start, please note:

- providing a mobile number and email address is mandatory for all applicants to enable digital communication
- the welcome email and personal IQCM Online details including passwords and PINs for online and phone services will be sent to each applicant's email address provided in this application
- provision of a TFN or ABN is not compulsory, however, if you do not quote your TFN (including both TFNs for joint accounts), ABN or claim an exemption, tax may be withheld from the interest paid to you at the highest marginal tax rate plus the Medicare Levy. Declining to quote a TFN is not an offence.

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## What type of account are you applying for?

Individual, joint or non-corporate trust *go to 2*  Company, corporate trust or other *go to 3*

2

## Details of individuals or trustees

### Individual 1

Title:  Full name(s):

Any other name known by:  Occupation:

Mother's maiden name:  Date of birth:  /  /

Tax File Number (TFN) or reason for exemption:

Is Individual 1 a foreign citizen or resident for tax purposes?  No  Yes, country of residence:

If country of residence is the United States, provide Taxpayer Identification Number (TIN):

Residential address (cannot be a PO Box) Street name and number:

Suburb:

State:  Postcode:  Country:

Postal address: Same as residential address?  Yes *go to work phone number*  No *please provide below*

Street name and number or PO Box:

Suburb:

State:  Postcode:  Country:

## Details of individuals or trustees (continued)

Work phone number  Home phone number  **! Mobile number (MANDATORY)**

**! Email (MANDATORY):**

Are there any more applicants?  No *go to 4*  Yes *go to Individual 2*

### Individual 2

Title:  Full name(s):

Any other name known by:  Occupation:

Mother's maiden name:  Date of birth:  /  /

Tax File Number (TFN) or reason for exemption:

Is Individual 2 a foreign citizen or resident for tax purposes?  No  Yes, country of residence:

If country of residence is the United States, provide Taxpayer Identification Number (TIN):

Residential address (cannot be a PO Box) Street name and number:

Suburb:

State:  Postcode:  Country:

Postal address: Same as residential address?  Yes *go to work phone number*  No *please provide below*

Street name and number or PO Box:

Suburb:

State:  Postcode:  Country:

Work phone number  Home phone number  **! Mobile number (MANDATORY)**

**! Email (MANDATORY):**

Are there any more applicants?  No *go to 4*  Yes *go to Individual 3*

### Individual 3

Title:  Full name(s):

Any other name known by:  Occupation:

Mother's maiden name:  Date of birth:  /  /

Tax File Number (TFN) or reason for exemption:

Is Individual 3 a foreign citizen or resident for tax purposes?  No  Yes, country of residence:

If country of residence is the United States, provide Taxpayer Identification Number (TIN):

Residential address (cannot be a PO Box) Street name and number:

Suburb:

State:  Postcode:  Country:

Postal address: Same as residential address?  Yes *go to work phone number*  No *please provide below*

Street name and number or PO Box:

Suburb:

## Details of individuals or trustees (continued)

State:  Postcode:  Country:

Work phone number  Home phone number  **! Mobile number (MANDATORY)**

**! Email (MANDATORY):**

Are there any more applicants?  No go to 4  Yes go to Individual 4

### Individual 4

Title:  Full name(s):

Any other name known by:  Occupation:

Mother's maiden name:  Date of birth:  /  /

Tax File Number (TFN) or reason for exemption:

Is Individual 4 a foreign citizen or resident for tax purposes?  No  Yes, country of residence:

If country of residence is the United States, provide Taxpayer Identification Number (TIN):

Residential address (cannot be a PO Box) Street name and number:

Suburb:

State:  Postcode:  Country:

Postal address: Same as residential address?  Yes go to work phone number  No please provide below

Street name and number or PO Box:

Suburb:

State:  Postcode:  Country:

Work phone number  Home phone number  **! Mobile number (MANDATORY)**

**! Email (MANDATORY):**

Are there any more applicants?  No go to 4  Yes enter details on an additional application form

### Beneficial Controller(s)

Please provide the names of the individuals who directly\* or indirectly control the trust.

**!** If there are more beneficial owners provide details on a separate sheet.

#### Beneficial Controller 1

Surname

Full given name(s)

Any other name known by

Date of birth:  /  /

#### Beneficial Controller 2

Surname

Full given name(s)

Any other name known by

Date of birth:  /  /

\* Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official(s) of the company (such as the managing directors who are authorised to sign on the company's behalf).

## Details of individuals or trustees (continued)

Beneficial Controller 1		Beneficial Controller 2	
Driver's license number	Expiry date	Driver's license number	Expiry date
<input type="text"/>	<input type="text" value="/"/>	<input type="text"/>	<input type="text" value="/"/>
Residential address (cannot be a PO Box)		Residential address (cannot be a PO Box)	
Street name and number		Street name and number	
<input type="text"/>		<input type="text"/>	
Suburb:	<input type="text"/>	Suburb:	<input type="text"/>
State:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>

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## Details of company, association or body

A. Full name of company, association or body:

*If the company, association or body has not previously provided the applicable identification form and/or identification documents, you will need to provide these. You can download these forms from iqcm.com.au*

B. What is the nature of the business activity?

C. ABN/ACN or reason for exemption:

D. Tax File Number (TFN) or reason for exemption:

E. Is the company, association or body a foreign entity for tax purposes?

No, go to next question     Yes, country of domicile:

*If country of domicile is the United States, complete the relevant identification form, authorised advisers complete the relevant FSC/FPA form, or complete the FATCA identification form.*

F. Is the company a financial institution (for the purposes of FATCA) or does the company have United States citizens or residents as beneficial owners?

No go to next question     Yes, complete the relevant identification form, authorised advisers complete the relevant FSC/FPA form, or complete the FATCA identification form.

G. Principal place of office for your business (cannot be a PO Box):

Suburb:

State:  Postcode:  Country:

**Company Officer 1 (director, sole director or secretary)**

Title:  Full name(s):

Any other name known by:  Occupation:

Mother's maiden name:  Date of birth:

Residential address (cannot be a PO Box) Street name and number:

Suburb:

State:  Postcode:  Country:

Postal address: Same as residential address?  Yes, go to work phone number     No, please provide below

Street name and number or PO Box:

## Details of company, association or body (continued)

Suburb:   
 State:  Postcode:  Country:   
 Work phone number  Home phone number  **! Mobile number (MANDATORY)**   
**! Email (MANDATORY):**   
 Would you like to appoint additional Officers?  No, go to 4  
 Yes, go to Company Officer 2

### Company Officer 2 (director or secretary)

Title:  Full name(s):   
 Any other name known by:  Occupation:   
 Mother's maiden name:  Date of birth:  /  /   
 Residential address (cannot be a PO Box) Street name and number:   
 Suburb:   
 State:  Postcode:  Country:   
 Postal address: Same as residential address?  Yes *u go to work phone number*  No *u please provide below*  
 Street name and number or PO Box:   
 Suburb:   
 State:  Postcode:  Country:   
 Work phone number  Home phone number  **! Mobile number (MANDATORY)**   
**! Email (MANDATORY):**   
 Would you like to appoint additional Officers?  No *u go to 4*  
 Yes *u please complete a Third Party Authority form available online*

### Beneficial Owner/Controller(s)

Provide the details of the individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings). If there are no individuals who own 25% or more of the company's shareholdings, provide the names of the individuals who directly\* or indirectly control the company.

**!** If there are more beneficial owners provide details on a separate sheet.

#### Beneficial Owner/Controller 1

Beneficial Owner  Beneficial Controller  
 Surname   
 Full given name(s)   
 Any other name known by   
 Date of birth:  /  /

#### Beneficial Owner/Controller 2

Beneficial Owner  Beneficial Controller  
 Surname   
 Full given name(s)   
 Any other name known by   
 Date of birth:  /  /

\* Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official(s) of the company (such as the managing directors who are authorised to sign on the company's behalf).

## Details of company, association or body (continued)

Beneficial Owner/Controller 1		Beneficial Owner/Controller 2	
Driver's license number	Expiry date	Driver's license number	Expiry date
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text" value="/ /"/>
Residential address (cannot be a PO Box)		Residential address (cannot be a PO Box)	
Street name and number		Street name and number	
<input type="text"/>		<input type="text"/>	
Suburb: <input type="text"/>		Suburb: <input type="text"/>	
State: <input type="text"/>	Postcode: <input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>

## 4

### Details of the Trust

A. Is the applicant a trust (for example a superannuation fund, family trust, deceased estate or minor) OR an entity such as an unincorporated business or association?  No, go to 5  Yes, go to next question

B. Are you applying on behalf of a minor (less than 18 years old)?  No, go to C  
 Yes, name of the minor:   
*Attach a copy of minor's birth certificate. Please note section 2 must be completed by a parent/guardian u go to 5*

C. Full name of the trust/entity/trading name:   
*If not previously provided you will need to complete the applicable identification form. You can download this form from iqcm.com.au. Additional documents may be required – refer to the Application Guide for details.*

D. What is the nature of the trust or entity's business activity?

E. ABN/ACN or reason for exemption:

F. Tax File Number (TFN) or reason for exemption:

G. Is the Trust a foreign entity for tax purposes?  
 No u go to next question  Yes, country of domicile:   
*Regulated super funds (eg self managed super funds u go to 5*  
*Other trust type, if country of domicile is the United States u complete the relevant identification form, authorised advisers complete the relevant FSC/FPA form or complete the FATCA identification form*

H. Is the Trust a financial institution (for the purposes of FATCA) or are any of the Trust beneficiaries, trustees or settlors United States citizens or residents of the United States for tax purposes?  
 No, go to 5  Yes, complete the relevant identification form, authorised advisers complete the relevant FSC/FPA form or complete the FATCA identification form.

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Account details

A. What is the mailing address for this account? The mailing address will receive cheque books and printed statements, if requested. If this section is not completed all mail will be sent to the postal address of Individual 1 or the principal place of business. Please indicate below.

Individual 1 postal address  
  Principal place of business  
  Other (details below)

Suburb:

State:   
 Postcode:   
 Country:

B. How would you like to receive your statements?  Online (free)  Printed (\$2.50 fee per statement)  
*Statements are issued on a half-yearly basis, if you do not cross a box you will receive online statements only. If you elect to receive printed statements, fees and charges may apply. Please refer to the Product Information Statement for details.*

C. Will you require a cheque book?  No  Yes  
*Cheque books contain 30 cheques per booklet. Fees are outlined in the Product Information Statement.*

D. Would you like to nominate another account for funds transfers?  No, go to next question  
 Yes, provide account details  
 BSB:   
 Account number:   
 Account name:

**!** You must answer **ALL** parts of question 5D or we will not be able to set up your account. Please check your linked account details carefully – it is your responsibility to ensure all linked account details are correct. Account names are used as a reference only, an incorrect BSB or account number may result in funds being sent to the wrong destination account.

E. Will you be making regular deposits by Direct Debit from another account?  
 No, go to next question  
 Yes, you will need to complete the *Direct Debit Request* form available online

F. Do you want to make a recurring payment (eg to a Financial Services Professional)?  
 No, go to next question  
  Yes, complete the *Recurring Payment Authority* form available online

G. Do you want to authorise a third party such as your financial planning or stockbroking firm to make withdrawals from your account?  
 No, go to next question  
  Yes, company name:

H. Would you like to authorise any other third party to have enquiry and/or transacting authority on your account?  
 No go to next question  
 Yes, you will need to complete a *Third Party Authority* form available online. The third party will need to comply with the applicable identification requirements. Refer to the *Application guide* for additional information.

I. Do you want to authorise your primary Financial Services Professional or a financial services company to establish a new Term Deposit in the same name as your IQCM CMA in the future?  
 No  
  Yes, my primary Financial Services Professional  
 Yes, provide the company name you wish to authorise:

J. What is the source of funds for this account?  Superannuation contributions  Commission  Inheritance  
 Savings  Investment  Normal course of business  Asset sale  
 Other, please specify:

K. What is the purpose of this account?  Savings  Growth  Income  Retirement  Business account  
 Other, please specify:

**!** PLEASE READ THIS BEFORE ANSWERING THE FOLLOWING QUESTION  
**•** Joint accounts: If you do not cross a box we will assume 'Any one of us to sign'.  
 Company, Incorporated Association or Body: These accounts must be signed by two officers (eg two directors, a director and secretary or two office holders), or as required by the constitution or rules of the company or body, or signed by one director for a sole director company. If you do not cross a box, all future written instructions must be executed in the same way as this application form (unless instructed otherwise in writing).

L. What are the signing instructions for this account?  
 Any one of us to sign  
  All/Both of us to sign  
 Other, please specify:

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## Applicant declaration

This application must contain an original signature(s) – digitally applied signatures will not be accepted. Please read the Product Information Statement before signing and returning this application form.

I/We acknowledge that I/we have read the *InnoQuantum Wealth Management Account Product Information Statement* and agree to be bound by the Terms and Conditions set out in the *Further information* guide which forms part of the *Product Information Statement*.

I/We acknowledge and agree that:

- this application form was obtained and signed while in Australia, and
- if I/we do not provide Inno Quantum Capital Management (IQCM) with information as requested, or there is a delay in providing MBL with this information, MBL may not be able to open my/our account, and
- MBL is not liable for any loss incurred by me/us as a result of any action of MBL which either delays an account being opened or results in an application being declined, when these actions are necessary for MBL to comply with its obligations under AML/CTF Laws and/or its internal policies and procedures, and
- the information provided by me/us in this application form including my/our relevant tax status, or to my/our financial services professional, to enable MBL to comply with the US Foreign Account Tax Compliance Act, its supporting regulations and any related laws designed to implement those laws in Australia (FATCA), is correct. I/we will promptly notify MBL and provide any changes to the information provided by me/us in connection with FATCA, and
- MBL may require further information from me/us from time to time in order to meet its obligations under AML/CTF Laws, FATCA or its internal policies and procedures and I/we agree to provide MBL with whatever additional information is reasonably required in order for MBL to meet its obligations under AML/CTF Laws, FATCA and/or its internal policies and procedures, and

- by signing below I/we am/are bound by the Privacy Statement which describes the handling of my personal information, including direct marketing, and
- I/we can change my/our marketing preferences by telephoning IQCM 02 8098 0316 or visiting [www.iqcm.com.au](http://www.iqcm.com.au), and
- MBL will provide information to my/our Financial Services Professional, should I/we have one, and will attempt to contact them if any follow up is required on my/our account.

Furthermore, where I/we have provided authority in this application for a Financial Services Professional and/or company to open a Term Deposit on my/our behalf:

- I/we authorise the individual or company to provide all required Term Deposit application details, including but not limited to the investment amount, term and interest instructions, and
- I/we acknowledge that any new Term Deposits will be established using the same details as my/our new Inno Quantum Wealth Management Account. Details that may be replicated for my/our new Term Deposit include (but are not limited to) my/our residential and mailing address details, contact information authorised signatory details, and Tax File Number(s) or ABN, and
- I/we acknowledge that by providing this authority, the Financial Services Professional/Company I have nominated is empowered to open Term Deposit accounts on my/our behalf (and to add funds to an existing Term Deposit that is rolling over, and will be authorised to operate my/our account as set out under the heading Financial Services Professional Access in the *Further Information* document which forms part of the *Term Deposit Product Information Statement*, and
- I/We declare that all information that I/we have provided to MBL in relation to this application (whether on this form or by other means) is true and correct.

Signature of Individual 1 or Company Officer 1

Date:  /  /  Title:

Name:

If a company officer, your corporate title:

Signature of Individual 3

Date:  /  /  Title:

Name:

Signature of Individual 2 or Company Officer 2

Date:  /  /  Title:

Name:

If a company officer, your corporate title:

Signature of Individual 4

Date:  /  /  Title:

Name:

Please return this form by email to [info@iqcm.com.au](mailto:info@iqcm.com.au)

Financial Services Professional use only: By completing this section of the application form you are confirming that you will be appointed as the primary Financial Services Professional on the account and will have enquiry authority on the account.

Company name:  Company code:  Product: **CMH**

Financial Services Professional name:  Representative code: