

ALPHA ACCOUNT AGREEMENT

This Account Agreement enables you to establish an account with Alpha Equities & Futures Ltd
 ABN: 76 131 376 415, Australian financial services licence (AFSL) number 327075 (Alpha).

We have provided you with a copy of the Account Agreement, together with a copy of our Financial Services Guide and Product Disclosure Statement of our executing counterparty.

Please return the completed copy of the Account Agreement and retain a copy for your records, together with the Financial Services Guide and Product Disclosure Statement.

Quotation of TFN is not compulsory and will not effect your application, however, if you do not provide this information or a reason for exemption, our Counterparty will be required to deduct tax from your distributions at the highest marginal rate (including Medicare levy) see clause 5(d) of the Terms & Conditions.

	Individual	Joint	Company	Trust or Superannuation Fund	
				Individual or Joint Trustee/s	With a Corporate Trustee
Identification – (page 2)	✓	✓	✓	✓	✓
Individual / Joint - Sect. 1 (page 3)	✓	✓		✓	
Company – Sect. 2 (page 4)			✓		✓
Trusts & Super Funds - Sect. 3 (page 5)				✓	✓
Bank Account Details - Sect. 4 (page 5)	✓	✓	✓	✓	✓
Execution – Sect. 5 (page 6)	✓	✓	✓	✓	✓
Guarantee & Indemnity – Sect. 6 (page 7)			✓	✓	✓
APPENDICES					
A - Alpha Premium Portfolio Service (page 9)	Optional service for Equities applicants				
B - Authorised Person (page 10)	As required				

Please refer to the following Table for the correct supporting documents which MUST accompany your Agreement:

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Section 7 IDENTIFICATION

Individual / Joint Accounts	<ol style="list-style-type: none"> 1) A current, certified copy of valid photo ID for each applicant, i.e. Driver's Licence or Passport. Photo and signature must be clear. 2) A current certified copy of bank statement (must be within past 3 months) of the bank account nominated on your Agreement. Must show full name and address.
Sole Trader / Registered Business Name	<ol style="list-style-type: none"> 1) A current, certified copy of valid photo ID, i.e. Driver's Licence or Passport. Photo and signature must be clear. 2) A current certified copy of bank statement (must be within past 3 months) of the bank account nominated on your Agreement. Must show full name and address. 3) A certified copy of the Certificate of Business Registration.
Company	<ol style="list-style-type: none"> 1) A current, certified copy of valid photo ID for each applicant, i.e. Driver's Licence or Passport. Photo and signature must be clear. 2) A current certified copy of bank statement (must be within past 3 months) of the bank account nominated on your Agreement. Must show full name and address. 3) A certified copy of the Certificate of Incorporation.
Trust or Superannuation Fund – Trustee is a Company	<ol style="list-style-type: none"> 1) A current, certified copy of valid photo ID for each applicant, i.e. Driver's Licence or Passport. Photo and signature must be clear. 2) A current certified copy of bank statement (must be within past 3 months) of the Trust or Super fund bank account nominated on your Agreement. Must show name of the trust and address. 3) A certified copy of the Certificate of Incorporation. 4) A certified copy of the full Trust Deed.
Trust or Superannuation Fund – Individual or Joint Trustees	<ol style="list-style-type: none"> 1) A current, certified copy of valid photo ID for each applicant, i.e. Driver's Licence or Passport. Photo and signature must be clear. 2) A current certified copy of bank statement (must be within past 3 months) of the Trust or Super fund bank account nominated on your Agreement. Must show full name and address. 3) A certified copy of the full Trust Deed.
Authorised Person (see Appendix A)	<ol style="list-style-type: none"> 1) A current, certified copy of valid photo ID, i.e. Driver's Licence or Passport. Photo and signature must be clear.

Please Note: If the bank statement is domiciled at a P.O. Box address and / or a Passport is used as ID, a secondary form of ID will also be required in addition to the above by way of a utility bill (phone, gas, electricity or rates) displaying your residential address.

We are required to collect this documentation and may be required to collect additional documentation to satisfy our obligations as a reporting entity under the *Anti-Money Laundering and Counter-Terrorism Act 2006*.

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Section 1. INDIVIDUAL / JOINT OR INDIVIDUAL TRUSTEES

APPLICANT A

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

Date of Birth

Are you an Australian Citizen?

Yes

No

Driver's Licence No. or Passport No.

Tax File No. or Exemption Details

Residential Address

Postal Address

Home Phone No:

Business Phone No:

Mobile No:

Fax No:

E-Mail Address:

Occupation

Employer

APPLICANT B

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

Date of Birth

Are you an Australian Citizen?

Yes

No

Driver's Licence No. or Passport No.

Tax File No. or Exemption Details

Residential Address

Postal Address

Home Phone No:

Business Phone No:

Mobile No:

Fax No:

E-Mail Address:

Occupation

Employer

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Section 2. COMPANY / PARTNERSHIP / SOLE TRADER OR CORPORATE TRUSTEES

FULL COMPANY NAME

ACN (Compulsory)

Tax File No:

ABN No:

Is the Company Public Proprietary

Is this a Sole Director Company?
Yes No

Are you a Company Incorporated under the
Corporations Act 2001 (Commonwealth)?
Yes No

Country Where the Company was Incorporated /
Registered / Formed if not in Australia

Company's Registered Office / Address of the
Partnership (P.O Box is not acceptable)

Company's Principal Place of Business (if any) (Not
applicable to Partnerships)

Business Phone No:

Business Fax No:

E-Mail Address:

Postal Address for all non electronic
Correspondence – P.O. Box is acceptable.

DIRECTOR 1 / PARTNER 1

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

Date of Birth

Home Phone No:

Mobile No:

Driver's Licence No. or Passport No.

DIRECTOR 2 / PARTNER 2 / SECRETARY

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

Date of Birth

Home Phone No:

Mobile No:

Driver's Licence No. or Passport No.

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Section 3 TRUST DETAILS

FULL NAME OF THE TRUST

Full Business or Company Name (if any) of the Trustee in respect of the Trust

Country in which the Trust was established in if not Australia

PLEASE NOTE THE FOLLOWING:

1. If the Trustees are ALL Individuals – you must complete Section 1 of this Agreement in respect of each of those individuals
2. If the Trustee is a Company – You must complete Section 2 of this Agreement in respect of the Company.

TYPE OF TRUST :

Registered Managed Investment Trust Scheme

Regulated Trust
(e.g. Self Managed Superannuation Fund)

Government Superannuation Fund

Other Trust Type
(e.g. Family, Unit, Charitable, estate)

BENEFICIARY DETAILS

Only complete if “**Other Trust Type**” has been selected. Do **NOT** complete if the trust is a Registered Managed Investment Scheme, Regulated Trust (e.g. SMSF) or Government Superannuation Fund)

BENEFICIARY 1

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

BENEFICIARY 2

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

BENEFICIARY 3

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

BENEFICIARY 4

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

Section 4 BANK ACCOUNT DETAILS

MUST BE COMPLETED IN FULL - FOR ALL ACCOUNT TYPES

Account Name

Bank Name:

Branch

6 digit BSB

Account Number

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Section 5 EXECUTION

I / We acknowledge the following:

- 1) I / We have read, understood and acknowledged the Account Terms & Conditions provided by Alpha Equities & Futures Ltd;
- 2) I / We confirm that I / We have read and understood the Risk Disclosure Schedule contained in the Account Terms & Conditions;
- 3) I / We confirm that I / We have read and understood the Financial Services Guide (including the Privacy Statement) provided by Alpha Equities & Futures Ltd, and any Product Disclosure Statement from the Executing Counterparty, and have received satisfactory answers to all my / our questions;
- 4) I / We confirm that all information provided by me / us to Alpha Equities & Futures Ltd is not inaccurate, out-of-date or incomplete in any material respect;
- 5) I / We confirm that we understand that any advice given by Alpha Equities & Futures Ltd is general advice only and Alpha Equities & Futures Ltd has not sought nor accessed information regarding my / our personal financial circumstances, needs or objectives, nor provided me / us with personal advice, and that I / We have been advised to obtain independent advice to ascertain whether opening an account with the executing broker and the transactions contemplated hereunder, are appropriate and suitable for my / our needs;
- 6) I / We understand and acknowledge that exchange traded derivatives trading will be governed by the applicable rules of the relevant exchange and the Corporations Act 2001 (Cwth) and that investing in leveraged derivative products carries a high level of risk to capital, potential volatility and fluctuations in value which may result in me / us losing more than my / our initial investment amount;
- 7) I / We understand and acknowledge that during times of unusual market volatility, initial margins may be increased intra-day and margin calls may need to be met intra-day by me /us, and that Alpha Equities & Futures Ltd reserves the right to close out my / our positions if margin calls are not met within the time specified by Alpha Equities & Futures Ltd or an Executing Counterparty at its absolute discretion.

By signing the following, we acknowledge that we have read this entire document, understood it and agree to be legally bound by its terms. Executed by the Applicant(s) (note that if this is a company application, this agreement must be executed by 2 directors or 1 director and 1 company secretary, or if the company has only 1 director who is the sole director and secretary (if any), that person).

APPLICANT A / DIRECTOR 1 / SOLE DIRECTOR / TRUSTEE 1

(Delete whatever is not applicable)

Full Name

Signature

Date

WITNESS

Full Name of Witness

Signature of Witness

Date

APPLICANT B / DIRECTOR 2 / TRUSTEE 2

(Delete whatever is not applicable)

Full Name

Signature

Date

WITNESS

Full Name Witness

Signature of Witness

Date

ALPHA ACCOUNT AGREEMENT

Section 6 GUARANTEE & INDEMNITY

Applicable to Company, Trust and Superannuation Fund Accounts

In consideration of Alpha Equities & Futures Ltd providing financial services and agreeing to apply for the financial products at the request of the person named here as Guarantor, the Guarantor as evidenced by execution of this Guarantee & Indemnity hereby unconditionally and irrevocably:

- a) Guarantees the due performance, observance and fulfilment by the Client of its obligations contained or implied in these Account Terms & Conditions and on the part of the Client to be performed, observed and fulfilled (whether or not such performance, observance or fulfilment is or may be for any reason unenforceable whole or in part):

and
- b) Indemnifies, as a principal and independent obligation, Alpha Equities & Futures Ltd against any cost, loss, damages, expense, action, claim or liability which Alpha Equities & Futures Ltd may suffer as a direct or indirect consequence of, or in connection with, any breach by the client of, or a failure by the Client to perform, the Account Terms & Conditions or the invalidity or unenforceability of the Account Terms & Conditions.

GUARANTOR 1

Full Name

Signature

Date

WITNESS

Full Name of Witness

Signature of Witness

Date

GUARANTOR 2

Full Name

Signature

Date

WITNESS

Full Name Witness

Signature of Witness

Date

APPENDICES

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Appendix A ADDITIONAL FACILITY – ALPHA PREMIUM PORTFOLIO SERVICE

PLEASE COMPLETE IF YOU REQUIRE A PORTFOLIO SERVICE FOR YOUR EQUITIES ACCOUNT

- The Alpha Premium Portfolio Service (APPS) is an online performance, valuation and taxation reporting system that wraps around your investment portfolio.
- There is a maximum annual APPS fee of 2.75% + GST, which is payable to Alpha Equities & Futures Ltd. The minimum Annual Fee is \$1,250 + GST. The fee is payable monthly or quarterly.

I / We acknowledge the following:

- 1) I / We have read, understood and acknowledged the Alpha Premium Portfolio Service provided by Alpha Equities & Futures Ltd;
- 2) I / We authorise Alpha Equities & Futures Ltd to charge the (APPS) annual fee of..... % + GST OR \$..... + GST to be paid monthly / quarterly.
- 3) I / We authorise Alpha Equities & Futures Limited to debit the following nominated bank account for these fees.

Account Name

Financial Institution / Bank Name:

Branch

6 Digit BSB

Account Number

APPLICANT A / DIRECTOR 1 / SOLE DIRECTOR / TRUSTEE 1

(Delete whatever is not applicable)

Full Name

Signature

Date

APPLICANT B / DIRECTOR 2 / TRUSTEE 2

(Delete whatever is not applicable)

Full Name

Signature

Date

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Appendix B AUTHORIZED PERSON FORM

ACCOUNT HOLDER DETAILS

(Individual / Joint / Company Account details)

Account Name

Account Designation (e.g. – Trust or Super Name)

AUTHORIZED PERSON DETAILS

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

Residential Address (Must be a street address – compulsory to complete)

Relationship to Account Holder/s

Driver's Licence No. or Passport No.

Home Phone No:

Business Phone No:

Mobile No:

Email Address:

Signature of Authorised Person

By signing, I / We confirm that:

1. The person identified above is authorised by me / us to give instructions for dealing only on my / our behalf and to receive information and notices, in respect of my / our account details above, subject to any limitations given below.

2) Alpha Equities & Futures Ltd (Alpha) (ABN 76 131 376 415) may rely on this authorisation for the person to fully bind me /us in respect of my / our account, as though the person is the Account Holder, including with respect to recording conversations with them and sending to them information and notices, except as expressly notified in writing to Alpha. I / We will ratify whatever the person does under this authority.

3) This authorisation and Alpha's reliance on it will not breach any law or regulation.

Account Holders Limitation on Authorisation (if any)

(Instructions may be accepted from the representative relating to any account held with Alpha and for any product or service in relation to the account. The Authorisation is valid until cancelled by the Account Holder in writing to Alpha).

EXECUTION OF AUTHORIZED PERSON FORM

Date of Execution

APPLICANT A / DIRECTOR 1 / SOLE DIRECTOR / TRUSTEE 1

Given Name (First Name, Middle Name)

Surname

Account Holder's Signature

APPLICANT B / DIRECTOR 2 / TRUSTEE 2

Given Name (First Name, Middle Name)

Surname

Account Holder's Signature