



NAB Super Lever

Application

Risk Disclosure Statement

There are risks associated with using a NAB Super Lever Facility to borrow on the security of *stocks* and *managed fund investments*. You should be aware of these risks before you enter into a NAB Super Lever Facility. We have described some of these risks in the following paragraphs.

You should also carefully consider the NAB Super Lever Product Disclosure Statement (PDS) and the Facility Terms as they contain important information regarding the terms and conditions that will apply to your NAB Super Lever Facility and will help you understand this Risk Disclosure Statement.

Terms that are defined in the Facility Terms in italics have the same meaning in this statement.

We strongly recommend that you obtain independent professional advice as to the suitability of margin lending for you and the risks involved before you enter into a NAB Super Lever Facility. You should not infer that we are providing personal investment or tax advice in making the *facility* available to you.

1. Borrowing on the security of *stocks* or *managed fund investments* exposes you to the volatility of the share market. If there is a decrease in the value of the *stocks* or *managed fund investments* that you have borrowed against, your financial position may be significantly affected.

We may make a *margin call* if a fall in the value of *stocks* or *managed fund investments* in your portfolio causes the *current LVR* to be equal to or greater than the *margin call LVR* at that time.

Stocks and *managed fund investments* that are not financed by a *loan* (such as those accruing because of dividend reinvestment) do not form part of the *secured property* and will have a *security ratio* of zero even where those *stocks* or *managed fund investments* would otherwise be *approved stocks* or *approved managed fund investments*.

If we make a *margin call* you may be required to provide additional funds on short notice (in many cases, by 2pm on the business day after the *margin call* is made).

Unless you provide us with additional funds so that the *current LVR* is less than the *base LVR* by the *margin call deadline* we may sell some of your *secured property* to meet the *margin call*.

2. There may be circumstances where we require you to repay all of what you owe us. (See clauses 11.1, 11.2, 11.3 and 25.2 of the Facility Terms.)
3. In some cases, the value of *stocks* and *managed fund investments* that you have purchased via NAB Super Lever, may not be sufficient to repay the amount that you owe us. We may recover the remainder of what you owe us from the *security* provided by the *guarantor* (if any). We assign to each *stock* and *managed fund investment* a *security ratio*. The *security ratio* of a *stock* or *managed fund investment* is a percentage determined by us which reflects the amount that we may be prepared to lend against that *stock* or *managed fund investment*. The *security ratio* that we assign to a *stock* or *managed fund investment* is not an indication by us as to the suitability of that *stock* or *managed fund investment* to form part of your portfolio or the financial prospects of that *stock* or *managed fund investment*.

We may change the *security ratio* that we assign to a particular *stock* or *managed fund investment* in your portfolio at any time. This may cause a *margin call*. We will, via our website, give you notice of any changes in the *security ratio* used to calculate the *security value* of the *stock* and *managed fund investment* as soon as practicable after the change.
4. If you are intending to go away or will not be contactable for a length of time, you should give us the name and contact details of a person who is able to be contacted in your absence and who is authorised by you to respond to a *margin call*. We may sell some of your *secured property* if we have taken reasonable steps to notify you of the *margin call* and you fail to meet that *margin call*. The sale of your *secured property* may occur even if you or your representative have not received notice of the *margin call*.
5. Gearing your *investments* can magnify the gains and losses in the value of your equity. You should discuss with your financial or tax adviser whether gearing your *investments* is appropriate for you. If you do gear your *investments* you should be aware that you may not have received the income or the benefit of any tax deductions at the time you are required to pay interest owing. You should ensure that you always have adequate income, resources or borrowing capacity under the *facility* to meet any interest payments.

All *stocks* and *managed fund investments* that you buy using funds advanced to you under the *facility* or that the *guarantor* (if any) has provided as security for your obligations under the margin lending *facility* are mortgaged to us. If a default event occurs, we may sell the *stocks* or *managed fund investments* and keep that portion of the proceeds that you owe us.

6. We may pay commission to any person we choose (including any financial adviser or planner, any broker and any of our related entities). The payment of that commission is not an endorsement by us of that person and we do not, in any circumstances accept responsibility for any statement, act or omission of them, except where required by law.

In this Application, 'Facility Terms' means the terms and conditions of the NAB Super Lever Facility Terms accompanying this Application, and 'NAB' means National Australia Bank Limited.

If you do not have a copy of the Facility Terms, please contact NAB Equity Lending on **1300 135 145**.

Application Checklist

How to complete this Application

Before completing this Application, please ensure you:

1. Read and understand the Product Disclosure Statement and Facility Terms for NAB Super Lever.
2. Read and understand the Risk Disclosure Statement in this Application.
3. Use the Application checklist below to ensure you have provided us with all the essential information. Any incomplete information could delay the establishment of your Facility.

Note: Terms which are defined in the Facility Terms have the same meaning in the Application. Please note that all applications are subject to approval.

Electronic identity verification

To meet our regulatory obligations under the Anti-Money Laundering and Counter Terrorism Financing Act, NAB needs to verify or re-verify your identity. This can be completed online (only if you consent) or if you don't want to verify online, you'll have to verify your identity at your nearest NAB branch.

With your consent to verify or re-verify your identity electronically on one or more occasions, NAB and its related companies may provide your name, address and date of birth to credit reporting bodies, as well as details and copies of your ID documents to a verification service to assess how well that information matches the information they hold about you or can access about you.

Also, the verification service may contact the authority that issued the document, use a government or other verification service, or use third party systems, databases and services (which may involve sending your information from Australia to New Zealand or vice versa) to perform the assessment.

The process of electronic verification will not include a credit check and will not affect your credit score.

Find out more about how NAB handles personal information in our **Privacy Policy** (available on nab.com.au) including how to access or correct information NAB holds about you and how to make a privacy-related enquiry or complaint.

I confirm I have read this consent statement

Do you want to verify your identity electronically? Yes No

A – Please complete the following Sections (please tick):

- | | |
|---|--------------------------|
| A Trustee Applicant Details | <input type="checkbox"/> |
| B Facility Limit Request | <input type="checkbox"/> |
| C Financial Information | <input type="checkbox"/> |
| D Direct Debit and Credit Authorisation | <input type="checkbox"/> |
| E Financial Adviser Details | <input type="checkbox"/> |
| F Financial Services Company Details | <input type="checkbox"/> |
| G Tax File Number Notification | <input type="checkbox"/> |
| I Acknowledgements and Signatures | <input type="checkbox"/> |
| J Additional Authorised Representatives | <input type="checkbox"/> |

Please also provide:

- A certified copy of the SMSF trust deed including all amendments
- A copy of the latest Audit Report of your SMSF (less than 12 months old)
- A recent bank statement for your nominated SMSF cash account

If you are new to NAB, please provide the ID documents as specified in Section K.

B – Personal Guarantees from SMSF fund members

Each fund member may provide a personal guarantee by reading the '**NAB Super Lever Guarantee Terms**', and completing the '**Application for New Guarantors**'.

C – \$250 Establishment Fee

Upon acceptance of your application, we will debit the \$250 application fee from your SMSF cash account nominated in Section D.

Note: All applicants residing in Tasmania are subject to a State Government charge to complete registration of the Power of Attorney. If this applies, it will also be debited from your nominated SMSF cash account.

Please forward the documents listed below to:

NAB Equity Lending
Reply Paid 5350
Melbourne VIC 3001

- Completed NAB Super Lever application form
- Completed Application for New Guarantors (if required)
- Certified copy of SMSF trust deed, including all amendments
- Copy of the latest Audit Report for your SMSF
- Copy of recent Bank statement for your nominated SMSF cash account
- Required ID evidence (if you are new to NAB)

Section A Self Managed Superannuation Fund (SMSF) Trustee Applicant Details

Name of Self Managed Superannuation Fund: ABN

Nature of your relationship with NAB

We're required to ask the following questions to comply with Australian banking regulation

What is the intended nature of your banking relationship with NAB? (Select all that apply).

<input type="checkbox"/> To borrow money for purchases or asset investment	<input type="checkbox"/> To build up savings and wealth
<input type="checkbox"/> To transact in financial instruments	<input type="checkbox"/> To borrow money for personal real estate
<input type="checkbox"/> To receive wages and/or investment income	<input type="checkbox"/> To receive business earnings and make payments
<input type="checkbox"/> To pay/receive money from trade (import/export)	<input type="checkbox"/> To cover short term cash flow shortfalls
<input type="checkbox"/> To pay for purchases, utilities, family or friends	<input type="checkbox"/> To pay for overseas purchases, family or friends

Your wealth

We're required to ask the following questions to comply with Australian banking regulation

Where does your wealth originate? (Select all that apply).

<input type="checkbox"/> Investment (e.g. property, shares, currencies)	<input type="checkbox"/> Income (e.g. salary or redundancy)
<input type="checkbox"/> Assets (e.g. savings, sale of an asset)	<input type="checkbox"/> Investor/owner funds
<input type="checkbox"/> Family inheritance, spouse, trust etc.	<input type="checkbox"/> Gift/donation or windfall
<input type="checkbox"/> Superannuation/pension	<input type="checkbox"/> Benefits, compensation or settlements
<input type="checkbox"/> Income from business	<input type="checkbox"/> Tax refund
<input type="checkbox"/> Government grant	<input type="checkbox"/> Loan
<input type="checkbox"/> Third party	

In which country does your wealth originate? (Select all that apply).

Australia Other country(s)

If you selected "other country(s)", please list below:

Individual trustee(s) to complete the individual applicant section(s). Corporate trustee to complete the company applicant section.

First applicant

Title	Surname	First given name	Second given name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

What's your gender? Female Male Non-Binary Prefer not to say

Residential address

State Postcode

Postal address - if different to residential address

State Postcode

Citizenship

To continue you must have a minimum of one country of citizenship.

Are you an Australian citizen? Yes No

Are you a citizen of any other countries? (If you're a US citizen or green card holder, you must enter Yes) Yes No

If "Yes", please list below:

Contact details

Home telephone number	Home facsimile number	Mobile
<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/>

Email address	Work telephone number	Work facsimile number
<input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>

Second applicant

Title Surname First given name Second given name Date of birth
/ /

What's your gender? Female Male Non-Binary Prefer not to say

Residential address

State Postcode

Postal address – if different to residential address

State Postcode

Citizenship

To continue you must have a minimum of one country of citizenship.

Are you an Australian citizen? Yes No

Are you a citizen of any other countries? (If you're a US citizen or green card holder, you must enter Yes) Yes No

If "Yes", please list below:

Contact details

Home telephone number Home facsimile number Mobile
() ()

Email address Work telephone number Work facsimile number
() ()

Company applicant

Full name of the company as registered with ASIC, as well as Full business name (if any) *Note: Business name also includes Trading Name.*

ACN ABN

Registered address

State Postcode

Postal address – if different to registered address

State Postcode

Contact name

Home telephone number Home facsimile number Mobile
() ()

Email address Work telephone number Work facsimile number
() ()

Full name(s) of directors

Full name of Secretary

Self Managed Superannuation Fund Trust Deed

A certified copy of the SMSF trust deed (including all amendments) MUST be included with this Application.

Section B Facility Limit Request

Requested facility limit

The minimum facility limit is \$100,000

The minimum loan drawdown per transaction (variable or fixed interest rate) is \$20,000

Source of funds

Tell us the activities and countries expected to contribute to the ongoing funding of this account.

Which activities are expected to add funds to this account (Select all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Investment (e.g. property, shares, currencies) | <input type="checkbox"/> Income (e.g. salary or redundancy) |
| <input type="checkbox"/> Assets (e.g. savings, sale of an asset) | <input type="checkbox"/> Investor/owner funds |
| <input type="checkbox"/> Family inheritance, spouse, trust etc. | <input type="checkbox"/> Gift/donation or windfall |
| <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> Benefits, compensation or settlements |
| <input type="checkbox"/> Income from business | <input type="checkbox"/> Tax refund |
| <input type="checkbox"/> Government grant | <input type="checkbox"/> Loan |
| <input type="checkbox"/> Third party | |

Which countries are account funds expected to come from? (Select all that apply)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Other country(s) |
|------------------------------------|---|

If you selected "other country(s)", please list below:

Facility statements

Statements for your NAB Super Lever facility will be made available regularly at nab.com.au/equitylending. You'll need your User ID and password to access this part of the site. If you would like to receive hard copy statements, please tick the box below.

Yes, please send hard copy statements to my postal address

Please note that your election will apply until you advise us that you wish to receive statements in an alternative manner.

Section C Financial Information

SMSF – Summary of Assets and Liabilities

Assets	<input type="text" value="\$"/>
Liabilities	<input type="text" value="\$"/>
Net Assets Available to Pay Benefits	<input type="text" value="\$"/>

Independent Auditors Report

Please provide a copy of the most recent Independent Auditor's Report of your self managed superannuation fund.

This report must:

- contain the Statement of Financial Position (assets and liabilities)
- be less than 12 months old, and
- be produced by an Authorised SMSF Auditor

Section D Direct debit and credit authorisation

Please read the Direct Debit Request Service Agreement in the Facility Terms before completing this form. Authority to debit the account below to pay National Australia Bank Limited.

By completing this Direct Debit Request, the applicant(s) authorise National Australia Bank Limited (the User) (User ID number 153106) to arrange for any amount National Australia Bank Limited may debit or charge the applicant(s) under the NAB Super Lever Facility Terms in respect of interest charges and other fees and charges or for *initial equity contributions* or for monthly loan repayments to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the *Direct Debit Request Service Agreement* and the applicant(s) instructions provided for each new loan.

Name and address of financial institution at which account is held

(Note: the bank account must be held in the borrower's name, and a recent bank statement must be provided for a non-NAB account)

Name of financial institution

Address of financial institution

<input type="text"/>	State	Postcode
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Details of account to be debited

Name of account

BSB number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Direct Credit Request

The default destination account for any cash, available to be distributed to the Self Managed Superannuation Fund (SMSF), will be the account listed above for direct debit purposes. This account will be associated with any new investment made with a NAB Super Lever loan.

It is mandatory to provide a valid SMSF cash account for the NAB Super Lever facility to be established.

Section E Financial Adviser details

Financial Adviser details

You authorise us to take instructions from this financial adviser on your behalf.

Adviser name

Company name

Licensed dealer group (if applicable)

Address

<input type="text"/>	State	Postcode
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Contact number

Office telephone number

<input type="text"/>	<input type="text"/>
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Office facsimile number

<input type="text"/>	<input type="text"/>
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Mobile

Email address

I/We permit our nominated financial adviser to access our facility details via the internet

Yes

No

I/We permit our nominated financial adviser to receive notification of a margin call on our behalf

Yes*

No

*If you permit your nominated financial adviser to receive a notification of a margin call on your behalf, you are required to complete further documentation before this can occur. We will forward this documentation to you and your nominated adviser.

Section F Financial Services Company details

You authorise this company and their service providers; (eg: an SMSF administrator, accounting firm, financial advisory firm, or stockbroking firm) to have access to your account, or to receive information about your account.

You do not authorise this company to make any changes to your account, or to provide any instructions on your behalf.

Company name

Address

<input type="text"/>	State	Postcode
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Email address

Telephone number

<input type="text"/>	<input type="text"/>
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Section G Tax File Number notification

Tax File Number ('TFN')

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.

I confirm I have read this notification Do you wish to provide your Tax File Number now? Yes No

Name of Self Managed Superannuation Fund

Tax File Number

Section H Power of Attorney

This power of attorney is given by each Client (each of whom is called 'Principal').

1. The Principal appoints each employee of National Australia Bank Limited ABN 12 004 044 937 ('NAB') and any related body corporate of NAB (as defined by the Corporations Act), whose title is or includes the word 'Manager' ('Attorneys') jointly and each of them severally to be the Principal's attorneys.
2. The Attorneys may do in the name of the Principal and on the Principal's behalf everything necessary or expedient to:
 - (a) execute and deliver any NAB Super Lever Facility Terms between NAB, National Margin Services Pty Ltd ABN 81 088 233 872, NMS Nominees Pty Ltd ABN 62 088 233 792 and the Principal as a client, or if the Principal is a Guarantor, as a Guarantor; and
 - (b) complete blanks and make amendments, alterations and additions to the documents described in (a) considered necessary or desirable by the Attorneys (including, without limitation, changes to parties); and
 - (c) execute and deliver any other documents or do any other acts which are referred to in the documents described in (a) or which are ancillary or related to them or the transactions contemplated by them, in the absolute discretion of the Attorneys; and
 - (d) appoint one or more substitute attorneys to exercise, or delegate to one or more sub-attorneys the power to exercise, one or more of the powers given to the Attorneys, and to revoke any of those appointments, and in this power of attorney, 'Attorneys' includes a substitute attorney and sub-attorney appointed under this clause; and
 - (e) stamp and register this power of attorney.
3. The Attorneys may do any of these things despite the fact that a document they execute in the exercise of their powers itself contains a power of attorney or appointment of an attorney or agent for any purpose whatsoever.
4. The Principal declares that all acts, matters and things done by the Attorneys in exercising powers under this power of attorney will be as good and valid as if they had been done by the Principal and agrees to ratify and confirm whatever the Attorneys do in exercising powers under this power of attorney.
5. The Principal indemnifies each of the Attorneys against liability, loss, costs, charges or expenses arising from the exercise of powers under this power of attorney, except if caused by the fraud, negligence or misconduct of NAB or the Attorney.
6. The Principal declares that a person (including, but not limited to, a firm, body corporate, unincorporated association or authority) who deals with any of the Attorneys in good faith may accept a written statement signed by any of the Attorneys to the effect that this power of attorney has not been revoked as conclusive evidence of that fact.
7. The Principal declares that the Principal and a person (including, but not limited to, an executor, administrator, successor, substitute or assign) claiming under the Principal are bound by anything the Attorneys do in exercising powers under this power of attorney.
8. The Principal declares that this power of attorney is given for valuable consideration and is given by way of security to secure the performance of obligations owed by the Principal to NAB and is irrevocable for so long as any of those obligations remain undischarged, unless NAB consents to its revocation.
9. The Attorneys are expressly authorised to do any act as a result of which a benefit may be conferred on the Attorneys, NAB, any related body corporate of NAB or any of them.

Section I Acknowledgements and signatures

I/We apply for a NAB Super Lever Facility with National Australia Bank Limited ('NAB'), National Margin Services Pty Ltd ('NMS') and NMS Nominees Pty Ltd ('Nominees').

By executing this Application, I/we, the client grant the power of attorney contained in this Application as Principal authorising each Attorney, among other things, to execute the Facility Terms. I/We acknowledge having read the NAB Super Lever Product Disclosure Statement, the Facility Terms, the Product Disclosure Statement for the *cash management account*, and the Risk Disclosure Statement.

By executing this Application, where I/we have also completed any of Section D – Direct Debit Request and Credit Authorisation:

- I/we acknowledge having read the terms and conditions governing the debit arrangements between NAB and us as set out in this *Direct Debit Request* and in the *Direct Debit Request Service Agreement* in the Facility Terms; and
- I/we make the declarations that:
 - this Direct Debit Request authorises NAB to instruct the financial institution to debit the account (as described) on the applicant(s) behalf;
 - all information given to NAB is accurate and not misleading and that the applicant(s) is aware that NAB is relying on it; and
 - the applicant(s) will not alter the direct debit arrangements (including closing or changing the account described) set out in the Direct Debit Request without notifying NAB at least 14 days prior to the next debit day due date.

I/We consent to:

- NAB providing information to third parties as contemplated by clause 58.1 of the Facility Terms.
- NAB communicating to me/us via electronic means if I/we have provided my/our email address as part of this application.
- NAB giving to an existing *guarantor* or a potential *guarantor*, information or a credit report containing information about me/us, for the purpose of that potential *guarantor* deciding whether to act as *guarantor*, and keeping the existing *guarantor* informed about the *facility*. This information may include anything about my/our creditworthiness, credit standing, credit history or credit capacity that credit providers are allowed to disclose under the Privacy Act or must disclose under the Banking Code of Practice and includes a credit report.
- NAB giving information about me/us to a credit reporting agency to seek access to consumer credit report containing information about me/us, for the purpose of assessing my/our application for commercial credit. This information is limited to:
 - identity particulars (my/our name, sex, address (and the previous two addresses), date of birth, name of employer, and driver's licence number); and
 - my/our application for credit or commercial credit and the fact that I/we have applied for credit and the amount.
 - NMS, Nominees and NAB providing other organisations within the NAB Group with my/our details and with financial information about me/us for the purposes of management of the provision by NMS, Nominees and NAB of services to me/us.

I/We acknowledge that:

- NAB does not provide any legal or tax advice about this product, or advice as to the suitability of this product for me/us.
- NAB does not provide any financial advice or recommendation about any specific *stock* or *managed fund*. You should seek separate advice in relation to these matters if needed.
- NAB recommends that I/we seek independent legal, tax and financial advice on the suitability of this product for me/us.
- **NMS and Nominees are wholly owned subsidiaries of NAB. NMS and Nominees are not Authorised Deposit Taking Institutions and their obligations do not represent deposits or other liabilities of NAB. NAB does not guarantee the obligations or performance of NMS or Nominees or the products or services these subsidiaries offer.**

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

Applicant Signatures

This form must be signed by the Applicant.

Director 1/Sole Director/Trustee 1

✘

Full name (BLOCK LETTERS)

Date

/ /

Director 2/Secretary/Trustee 2

✘

Full name (BLOCK LETTERS)

Date

/ /

Section J Additional Authorised Representatives

The company directors who execute a NAB Super Lever application will automatically be *authorised representatives* on the approved *facility*.

National Australia Bank Limited, National Margin Services Pty Ltd and NMS Nominees Pty Ltd and their related entities ('we') are each authorised to act on the instructions of the person(s) nominated in this section as your *authorised representative(s)*. *Authorised representatives* are able to do anything you can do under the *facility* including requesting an increase to the *facility limit*, buying and selling investments and receiving and responding to *margin calls*. This authorisation will remain in place until you provide NAB Equity Lending with a written request to terminate their appointment. If more than one person is nominated, we may act on the instructions of any of them unless otherwise advised.

The *authorised representative(s)* confirms that they have read the Product Disclosure Statement and Facility Terms for NAB Super Lever.

First authorised representative

Title	Surname	First given name	Second given name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Residential address

<input type="text"/>	State	Postcode
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Postal address – if different to residential address

<input type="text"/>	State	Postcode
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Relationship to applicant

Contact details

Home telephone number	Home facsimile number	Mobile
<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/>

Email address	Work telephone number	Work facsimile number
<input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>

Signature[†] – first authorised representative

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

Signature – first applicant

Signature – second applicant

Second authorised representative

Title	Surname	First given name	Second given name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Residential address

<input type="text"/>	State	Postcode
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Postal address – if different to residential address

<input type="text"/>	State	Postcode
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Relationship to applicant

Contact details

Home telephone number	Home facsimile number	Mobile
<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/>

Email address	Work telephone number	Work facsimile number
<input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>

Signature[†] – second authorised representative

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

Signature – first applicant

Signature – second applicant

Section K Client ID requirements for individuals new to NAB

Please provide certified documentation verifying the customer's full name **and** either date of birth **or** residential address by selecting either:

ONE Primary Photographic document from Table A;

or

ONE Primary Non-Photographic document from Table B **and** **ONE** Secondary document from Table C below.

Table A: Primary Photographic Identification

Australian driver's licence containing a photograph of the person

Australian passport (a passport that has expired within the preceding 2 years is acceptable)

Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person

Government issued foreign passport containing a photograph and signature of the person*

Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth*

National identity card issued by a foreign government*

Table B: Primary Non-photographic Identification

Australian birth certificate or Australian citizenship certificate (these documents cannot be used together for the purposes of identification)

Pension/Health Care/Seniors health cards - Australian Government issue

Table C: Secondary Identification

A document issued by the Australian Taxation Office within the preceding 12 months which contains the individual's name and residential address

A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)

Letter of reference or equivalent originating from Aboriginal/Torres Strait Islanders Community Leaders

Medicare card issued by the Australian Government

*Documents not written in English must be accompanied by an English translation prepared by an accredited translator.

Certified Copy Requirements

A **certified** copy means a document that has been certified as a true copy of an original document by one of the following persons:

1. A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia as a legal practitioner (however described)
2. A judge of a court
3. A magistrate
4. A chief executive officer of a Commonwealth court
5. A registrar or deputy registrar of a court
6. A Justice of the Peace
7. A notary public (for the purposes of the Statutory Declaration Regulations 1993)
8. A police officer
9. An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public
10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
13. A finance company officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declarations Regulations 1993)
14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees or
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

Approved Certifiers

A **certified copy** is a document that has been approved as a true copy of an original document.

The following certification requirements **must appear on each page of the copy**:

- **Full printed name** of the Approved Certifier e.g. Michelle Helena Citizen
- **Full address** of the Approved Certifier
- Registration number (if applicable)
- Date that the document was certified
- The text: **"This is to certify that this is a true copy of the original which I have sighted"**
- Signature of the Approved Certifier
- The capacity in which they have certified the document, e.g. **A police officer** etc.

For more information call

1300 135 145

8.30am – 5.00pm AEST/AEDT, Monday to Friday

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