

Partly Paid Security Client Agreement

WealthHub Securities Limited
ABN 83 089 718 249
AFSL No. 230704

GPO Box 4545
Melbourne VIC
3001

Telephone 13 13 80
nabtrade.com.au

Please use black or blue pen and write in CAPITALS. If you need help completing this form, please call us on 13 13 80.

Section 1 Trading Account Details

Trading Account Number

Holder Identification Number (HIN)

Name(s) in which your Trading Account is held

Section 2 Declaration

I/We acknowledge and agree that:

1. A Partly Paid Security is a security that may require a further payment or payments in the future.
2. It is my/our responsibility to read a copy of the prospectus, Product Disclosure Statement or information memorandum issued by an Issuer that sets out the features and rights and obligations attaching to a Partly Paid Security before I/we place an order in such a security.
3. I/We may be liable for further payments on a Partly Paid Security and a failure to make such payment by specified dates may result in an Issuer or their agents taking action against me/us to recover the outstanding payments and/or may result in the forfeiture of my/our entitlement to the Partly Paid Security.
4. In certain circumstances I/we may be liable to make a further payment on a Partly Paid Security even though I/we may have disposed of the security before a further payment falls due.
5. I/We should monitor announcements made by the Issuer of a Partly Paid Security and that it's my/our responsibility to be aware of the date/s or circumstances that a further payment falls due and the last day that I/we can dispose of the security before I/we am/are liable for a further payment.
6. The amount of a further payment may be unrelated to the financial performance of a Partly Paid Security and that the amount of the further payment may exceed the security's value.
7. An obligation relating to a Partly Paid Security, including the need to make a further payment, doesn't give rise to a legal claim against the ASX or the Securities Exchanges Guarantee Corporation Limited.

Section 3 Signatures

Please provide signatures of all persons authorised to operate the Trading Account.

Account Holder 1:

Given name(s) / Family name (PLEASE PRINT)

Signature

 Date / /

Account Holder 2:

Given name(s) / Family name (PLEASE PRINT)

Signature

 Date / /

Account Holder 3:

Given name(s) / Family name (PLEASE PRINT)

Signature

 Date / /

Section 4 Next Steps

Please complete and return this form and any attachments to:

Post:

nabtrade
GPO Box 4545
Melbourne
VIC 3001

Fax:

1300 368 758

Email:

forms@nabtrade.com.au

Please note: Our preferred file format for returned forms is PDF. Please visit nabtrade.com.au/support to view our Frequently Asked Questions