

## Authority to Act.

I / We, understand and do hereby grant a limited power of attorney to IAM Cash Markets Pty Ltd ABN 70 164 806 357 as corporate authorised representative of IAM Capital Markets Ltd AFSL 283119 (**IAM**) to have full power and authority to undertake and perform the following on my / our behalf:

- Apply for, open and operate new Term Deposits, or any other deposit products (“Investments”) with any financial institution as instructed by my Authorised Representative;
- Authorise for direct debit payments to be made by any financial institution in order to transfer funds in relation to new or existing Investments on the IAM platform;
- Instruct in relation to rollovers, maturities, transfer requests of any Investments, including existing Investments, originated on the IAM platform;
- Advise of any changes to my / our contact details as advised from time to time, as instructed by my Authorised Advisory Practice;
- Notify my / our TFN(s), ABN(s), ACN(s) or Exemption(s) in respect of any existing Investment(s) and /or new purchase(s) made on my / our behalf on the IAM platform;
- Authorise IAM, and any financial institution, to do any tasks reasonably incidental to the tasks described above.

IAM agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my / our best interests. This limited power of attorney may be revoked by me / us in writing at any time, provided any person relying on this power of attorney and not aware of its revocation is authorised to act as if it remained current and in force.

By signing this form, each Authorised Signatory acknowledges they have received, read and understood the Terms and Conditions of IAM and agree to be bound by them. By using the site, each Authorised Signatory grants IAM consent to collect, store, use and disclose any personal information you may give us in accordance with the IAM Privacy Policy. A copy of IAM Terms and Conditions and Privacy Policy are available on our website [www.incomeam.com](http://www.incomeam.com).

In addition, the Client and Authorised Representative acknowledge that the Financial Services Guide and Product Disclosure Statement is available via the IAM platform and before placing, altering, redeeming or otherwise transacting upon the Investment have read the relevant Financial Services Guide and Product Disclosure Statement.

**Authorisation - Client to complete.**

Please complete the below table if you are investing as an individual or in joint names.

	Individual 1	Individual 2 (if applicable)
Client Name		
Signature of Client		
Date		

Please complete the below table if you are investing under a Company, Trust, SMSF or Association.

Entity	<input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> SMSF <input type="checkbox"/> Association	
Entity Name		
ABN (if applicable)		
Trustee Name (Company or Individual – if applicable)		
Capacity	<input type="checkbox"/> Sole Director <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Secretary <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Secretary <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Authorised Signatory
Name of Director / Secretary / POA / Authorised Signatory (if applicable)		
Signature		
Date		

Note: Where there are more than 2 trustees, directors, attorneys, signatories or more than one entity, please attach and complete another copy of this page.

**My Authorised Advisory Practice – Adviser to complete.**

Authorised Advisory Practice Name (if Company, please insert ABN)	
Signature of Authorised Representative	
Print Name of Authorised Representative	
Date	