

MEMBER AUTHORISATION

CLIENT NUMBER:

We agree to the following:

1. I/We appoint CDFMN AFSL Limited ABN 74 623 033 830, AFSL No. 504182 (Intermediary) as our agent to take the following actions in connection with this application to acquire Financial Products issued by The Trustees of the Roman Catholic Church for the Diocese of Maitland-Newcastle ABN 62 089 182 027 for the Diocese of Maitland-Newcastle Catholic Development Fund ABN 59 728 447 508 (CDF):
 - (a) provide to CDF copies of all documents reasonably requested by CDF, which may include personal information relating to me/us; and
 - (b) provide instructions to CDF to open my/our account on my/our behalf.
2. I/We authorise CDF to:
 - (a) communicate with the Intermediary as my/our agent in relation to this application;
 - (b) at the Intermediary's request, disclose my/our account related information to third party providers of other administrative services;
 - (c) provide to the Intermediary as my/our agent, information about this application, information regarding my/our account.
3. I/We undertake to advise CDF and the Intermediary in writing as soon as practically possible when I/we no longer authorise the Intermediary to act as agent on my/our behalf.
4. I/We have read and agree to the Terms and Conditions of the account, including any supplementary conditions (where provided) applicable for the account opened us.
5. I/We have received, read and understood the Financial Services Guide prepared by the Intermediary.
6. I/We have received, read and understood the Information Statement.
7. I/We consent to receive electronic communication and agree to receive by electronic means information which CDF is required to provide (under legislation or otherwise).
8. I/We have read the Application Form and confirm that all details contained in it are true and correct.
9. I/We indemnify CDF and the Intermediary against any loss, damage, expense or cost that CDF and/or the Intermediary may suffer or incur as a result of:
 - (a) the erroneous completion of the Application Form; and/or
 - (b) any instructions given to the Intermediary in relation to the account.

1 Name: _____

2 Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

(if applicable)