ANZ V2 PLUS DATA SHARE AUTHORITY FORM

**Complete all appropriate sections and send this form to the
V2 PLUS Service Centre via email: thirdpartyV2@anz.com**

All requests must be authorised by the customer(s) linked to the accounts
provided. Unathorised requests will not be processed and will be returned
to you.

Date:

Authorised contact name:

Contact number:

1. ACCOUNT INFORMATION

Please complete the account details, for all accounts you wish to enable a data feed:

BSB	Account number	Account name

2. DATA FEEDS

Please select the data feeds you wish to have linked to the above account(s):

☐ BGL ☐ Class ☐ Super Myway ☐ BankLink - MYOB

☐ Praemium ☐ X-Plan ☐ Mason Stevens

3. SHARE TRADING FEEDS / CLEARING SERVICES

Please select the share trading feeds / clearing services you wish to have
linked to the above account(s):

☐ CMC Markets (GBST)   CMC account number: _____

☐ Morrison Securities (GBST)

4. ANZ APPROVED THIRD PARTY/IES

Please complete the details for the ANZ Approved Third Party/ies you wish to grant access to your account statements for the above account(s):

ANZ Approved Third Party Name

Customer Declaration

I/we authorise ANZ to disclose current and historical transactional details, including account balances in relation to my/our account/s listed in section 1 of this form, by electronic file (or any such method as ANZ agrees) to the Data Feed & Clearing Service Provider/s selected at section 2 and 3 of this form to be made available to my/our Authorised Intermediary/Adviser (as applicable).

I/we authorise ANZ to link the account/s covered by this authority form to such Share Trading Feed and Clearing Service Providers as are engaged by ANZ to allow cash transfers from, and direct trade settlements into, my/our accounts.

I/we authorise ANZ to disclose account statements (including any personal information contained in those account statements) in relation to my/our account/s listed in section 1 of this form, by electronic file (or any such method as ANZ agrees) to the ANZ Approved Third Party/ies listed in section 4 of this form.

Customer(s) full name

Customer(s) signature

Date (DD/MM/YYYY)

Customer(s) full name

Customer(s) signature

Date (DD/MM/YYYY)

Customer(s) full name

Customer(s) signature

Date (DD/MM/YYYY)

Important Information

This document contains information that is confidential. If you are not the intended recipient, you must not read, use, distribute or copy this document. If you are not the intended recipient, please notify us immediately on 1800 282 345. Thank you.