

# INTERACTIVE BROKERS AUSTRALIA WHOLESALE CLIENT APPLICATION

### **INSTRUCTIONS**

- This form may be used for:
  - individual account applications the named account holder should complete this application;
  - joint account applications each account holder should complete a separate application and declaration;
  - trustee account applications the named account holder should complete this application
  - companies or corporate trustee account applications the director who controls the Applicant company should complete this application
- If handwriting responses, please complete the form in legible CAPITALS in black ink.
- Please mark boxes with a (X).
- You / your qualified accountant may email completed forms and attachments to newaccounts@interactivebrokers.com or (if applicable) send to the new accounts team member who contacted you, or return physical copies to:

### By Mail:

New Accounts Department Interactive Brokers Australia Pty Ltd PO Box R229 Royal Exchange, NSW 1225 Australia

### By Courier:

New Accounts Department Interactive Brokers Australia Pty Ltd Level 11, 175 Pitt Street Sydney, NSW 2000 Australia



SECTION 1: INDIVIDUA	AL'S DETAILS
First name:	
Middle name (if applicable):	
Last name:	
Applicable Interactive Brokers Australia Account Number(s):	

\*\*\*\* The remainder of this page is left blank on purpose \*\*\*\*



## **SECTION 2: REQUEST AND AGREEMENT**

	g the Individual identified in Section 1, hereby request Interactive Broke ia Pty Ltd to recognise:	ers
Select	applicable option	
a)	Me as the Account holder, as a Wholesale Client, on the basis of the attached certificate from a Qualified Account attached to this application (please see section 3 for form of accountant certificate);	
	OR	
b)	Me as the Account holder, as a Wholesale Client, seeking to utilize IBA's outsourced accountant arrangement to complete the attached	
	certificate from a Qualified Account attached to this application (please see section 3 for form of accountant certificate and section 4 for consent regarding the provisioning of these services);	
	OR	
c)	Me, acting as the Account holder in my capacity as a Trustee of a Trust which I control, as a Wholesale Client, on the basis of the	
	attached certificate from Qualified Account attached to this application (please see section 3 for form of accountant certificate);	
	OR	
d)	The Account holder as Wholesale Client, on the basis that I control <sup>1</sup> the Account holder and I am a Wholesale Client as evidenced by the	
	certification of from a Qualified Account attached to this application (please see section 3 for form of accountant certificate);	
	AND	
	Undertake to notify Interactive Brokers Australia Pty Ltd should I cease to be a Wholesale Client;	

 $<sup>^{1}</sup>$  Section 761G(7)(ca) Corporations Act 2001/Corporations Regulations 7.6.02AB



- Acknowledge and accepts the loss of retail client protection provisions including:
  - that Interactive Brokers Australia is not obliged, but may elect, to provide: its Financial Services Guide, any Product Disclosure Statements or Risk Disclosure Statements which may be required, Dollar Disclosures, and
  - o the right to appeal to External Dispute Resolution; and
  - Agrees it is satisfied they understand and accepts the legal and financial implications of becoming a Wholesale Client; and
- Acknowledge that any certificate procured from a Qualified Accountant is valid only for a period of (2) years from the date of issue and undertakes to procure and deliver to Interactive Brokers Australia Pty Ltd a renewed certificate prior to the expiry of the previous certificate.

Signature of person making this application and giving this declaration:

Signature:

Date:

If signing as a Controller of the Applicant company, please indicate capacity:

Please select

Sole Director

Director

Other (please specify)

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### **SECTION 3: FORM OF ACCOUNTANT CERTIFICATE**

### **CERTIFICATE UNDER SECTION 761G(7) CORPORATIONS ACT 2001 (CTH)**

- Please complete the form in legible CAPITALS in black or blue ink.
- Please mark boxes with a (X).
- Capitalised terms have meanings as set out in the Corporations Act (2001)

indivi this c	ame of the dual about whom ertification is being (the "Applicant"):		
Applio Numb	cable IBA Account per:		
I certif	y that:		
1)	I am one of the follo	wing:	
Select	applicable option		
a)	'CPA' or FCPA' and i	ustralia who is entitled to use the post-nominals s subject to and complies with the CPA ag professional development requirements; or	
b)	is entitled to use th subject to and com	stitute of Chartered Accountants in Australia who e post-nominals 'ACA', 'CA" or 'FCA', and is plies with the Institute of Chartered Accountants' anal education requirements;	
c)	use the post-nomin	stitute of Public Accountants who is entitled to als 'AIPA', 'MIPA' or 'FIPA' and is subject to the he Institute of Public Accountants' continuing ion requirements;	



,	ible Foreign Professional Body: <sup>2</sup>	
	three (3) years of erience in accounting	
or auditing; a	_	
5.	this certificate for the purposes of Section	
761G(7)(c) of	f the Corporations Act 2001 to the Applicant who is	
	the same country (other than Australia) as	
myself.		
•	ne requirements of Section 761G(7)(c) of the Corporals (either or both if applicable):	tions
<ul><li>a) Net assets of at leas</li><li>AND/OR</li></ul>	t of or equivalent to \$2.5 million Australian dollars;	
•	ch of the last two (2) financial years of at least or so \$250,000 Australian Dollars per year.	
I acknowledge that this cer	tificate is valid for (2) years from its date of issue.	
Select applicable option		
Signature of the Qualified A	Account giving this certification and acknowledgeme	ent:
Signature:		
Date:		
First name:		
i ii St Huille.		
Lashmann		
Last name:		
Professional		
Accreditation Number:		

 $<sup>^{2}</sup>$  Eligible Professional Body as defined in ASIC Class Order [CO 01/1256].



Business address of Qua	lified Accountant:
Street Name and Number:	
City / Suburb:	
State:	
Postcode:	
Posicoue.	

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### **SECTION 4: FORM OF ACCOUNTANT CERTIFICATE**

Please complete if you have selected Section 2 - Option 1(b).

I, as the Account holder, attest to the following which constitutes an agreement with IBA:

- a) I understand that IBA is disclosing it has a relationship with a third-party accountant, Grow SMSF Pty Ltd (ABN 58 643 070 302) ("Grow SMSF"), whereby both parties have an agreement which outlines the terms under which Grow SMSF will provide Wholesale Investor Certificate services to IBA clients for the purposes of qualifying under objective wholesale client criteria in section 761G(7)(c) of the Corporations Act 2001;
- b) I meet the relevant Wholesale Client test in accordance with the requirements of Section 761G(7)(c) of the Corporations Act;
- c) The information I have provided is true, complete, unaltered and not misleading by omission;
- d) I understand the consequences of making false and misleading statements;
- e) I instruct IBA to and provide consent for IBA to provide my Wholesale Client Application form together with any supporting documents to its outsourced Accountant (Grow SMSF) for the purposes of its wholesale certification process. Grow SMSF has its own privacy policy which is outlined on its website: https://growsmsf.com.au.
- f) I understand that Grow SMSF will review and provide me and IBA a signed Accountant Certificate should I satisfy the objective wholesale client criteria;
- g) I agree that IBA may pass through a charge to me for the review and, if applicable, the certification of wholesale status of AUD \$110 regardless of the outcome (i.e. if I qualify or not);
- h) I agree that this fee (AUD \$110) will be charged irrespective of whether Grow SMSF rejects or approves the wholesale client application (including if I fail to provide sufficient information).



First name:		
Middle name		
(if applicable):		
Last name:		
Last Harrier		
Applicable Interactive		
Brokers Australia Account Number(s):		

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