

TRUST FORM

SECTION 1: TRUST INFORMATION

Full Trust Name:	<input type="text"/>
Country of establishment	<input type="text"/>
Trust ABN:	<input type="text"/>

SECTION 2: BENEFICIAL OWNERS OF TRUST

Do the terms of the trust deed identify the beneficiaries by reference to membership of a class?

Yes Provide details of the membership class/classes (e.g unit holders, family members)

<input type="text"/>
<input type="text"/>

No Provide the full names of each beneficiary below

Fullname beneficiary 1:	<input type="text"/>
Fullname beneficiary 2:	<input type="text"/>
Fullname beneficiary 3:	<input type="text"/>
Fullname beneficiary 4:	<input type="text"/>

SECTION 3: OTHER INFORMATION

1) Investment objectives and experience

Preservation of Capital: <input type="checkbox"/>	Income: <input type="checkbox"/>	Growth: <input type="checkbox"/>	Trading profits: <input type="checkbox"/>	Speculation: <input type="checkbox"/>	Hedging: <input type="checkbox"/>
Stocks: <input type="checkbox"/> Years Trading: <input type="text"/>	Currencies: <input type="checkbox"/> Years Trading: <input type="text"/>	Futures: <input type="checkbox"/> Years Trading: <input type="text"/>			
Commodities: <input type="checkbox"/> Years Trading: <input type="text"/>	Options: <input type="checkbox"/> Years Trading: <input type="text"/>	Additional: <input type="text"/>			
How did you hear about us?	<input type="text"/>				
Which broker(s) did you trade with?	<input type="text"/>				

2) Financial information

Estimated Initial Deposit:	<input type="text"/>	Annual Net Income:	<input type="text"/>
Total Assets:	<input type="text"/>	Liquid Assets:	<input type="text"/>

3) Employment details

Employed: <input type="checkbox"/>	Unemployed: <input type="checkbox"/>	Retired: <input type="checkbox"/>	Student: <input type="checkbox"/>
Occupation:	<input type="text"/>	Industry:	<input type="text"/>

■ SECTION 4: ACCOUNT INFORMATION

I would like to open the following type of account(s):	Micro: <input type="checkbox"/>	Standard: <input type="checkbox"/>	Professional: <input type="checkbox"/>	Main Currency: AUD: <input type="checkbox"/>	USD: <input type="checkbox"/>	Other: <input type="text"/>
Promo/Referral Code:	<input type="text"/>	Phone Dealing Password:	<input type="text"/>			

■ SECTION 5: AUTHORITY

I/We, hereby declare that by signing this Application Form:

- I/We confirm that I/we have received, read and understood the following documents:
 - [Admiral Markets Product Disclosure Statement](#);
 - [Admiral Markets Financial Services Guide](#); and
 - [Admiral Markets Account Terms](#);
- I/We apply for an Account on the terms of and agree to be bound by the Admiral Markets Account Terms;
- I/We acknowledge and accept that for Corporate Applicants all the Directors must have executed the Deed of Guarantee and Indemnity.
- I/We agree and consent that Admiral Markets may collect, retain, store, use and disclose information about me/us and, if applicable, my/our directors, officers, agents, beneficiaries and authorised representatives for the purposes of operating my/our Account, implementing transactions permitted to be made for it, complying with legal obligations or as I/we authorise from time to time. I/We agree that this information may be disclosed to associates of Admiral Markets or to service providers for my/our Account, and may be used by any of them only for the purposes of our Account;
- For Anti Money Laundering and Counter-Terrorism Financing, I/we confirm that I/we have
 - Not been subject to bankruptcy proceedings in the past 7 years;
 - Not been refused credit or financing;
 - Not had, nor currently have a criminal record;
 - Not been banned from holding office as a company director
- I/We acknowledge and agree that an Account for me/us will be established on the Account Terms applying to this Application Form; and
- the information that I/we have supplied in this Application Form is true and correct and not misleading.