TOTALITY WEALTH LIMITED
Authorisation to Disclose Account Information

CLIENT NAME	
TOTALITY ID	
ADDRESS	
EMAIL ADDRESS	

(hereinafter referred to as "the Client")

hereby authorises:

Totality Wealth Limited
Suite 1, Level 24, 9 Castlereagh Street
Sydney NSW 2000 Australia

(hereinafter referred to as "Totality")

to disclose information about the Client's trading account with Totality, to:

ENTITY NAME	
ADDRESS	
ABN	
EMAIL ADDRESS	

(hereinafter referred to as "the **Receiving Party**")

By completing this Disclosure of Account Information Form, the Client unequivocally understands and confirms that:

1. Totality shall be permitted to reveal any information about the Client's trading account to the Receiving Party, namely periodic account statements, daily trade executed reports for transactions executed, consolidated monthly trades executed (including transaction details) and any other personal dealing information relating to the Client's trading account.

2. The Client understands that the Receiving Party may also make use of a third-party intermediary to gather and transmit the data feed between Totality and the Receiving Party. In the event that a third party intermediary is utilised by the Receiving Party, the Client understands and consents to disclosure via that third-party intermediary. Such personal dealing information can be transmitted by Totality electronically.

3. At all times, the Client will indemnify Totality against all losses and expenses incurred, however arising as a result of or related to this arrangement.

4. The Client will hold harmless and free of liability, Totality, for all acts, omissions and delays in relation to or in connection with this arrangement.

5. Totality shall take information by the Client to be true, accurate and complete and that the Client is to inform Totality as soon as practicably possible in the event that there are any changes to the arrangements set out in this Disclosure of Account Information Form.

Thisdocument shall be governed by and construed in accordance with the laws of New South Wales. Each Party irrevocably agrees that thecourts of Australia shall have exclusive jurisdiction to determine any proceedings.

CLIENT NAME		CLIENT'S TOTALITY ID		
AUTHORISED SIGNATORY NAME 1		AUTHORISED SIGNATORY SIGNATURE 1		DATE
AUTHORISED SIGNATORY NAME 2		AUTHORISED SIGNATORY SIGNATURE 2		DATE