



BWA Cash Management Account – Personal Applicants

This application form is used for opening an account in the BWA Cash Management Account (BWA CMA) and obtaining related Access Facilities. The application form accompanies the Product Disclosure Statement (PDS) dated 1 July 2019 and the BWA CMA Access Facilities – Conditions of Use document dated 1 July 2019. Any person giving another person this application form must also provide that person with the BWA CMA PDS and the BWA CMA Access Facilities – Conditions of Use document. The BWA CMA is a deposit account offered by Bankwest, a division of the product issuer, Commonwealth Bank of Australia ABN 48 123 123 124 AFSL/Australian credit licence 234945.

Please print clearly using CAPITAL LETTERS. Where indicated, please mark boxes with a tick (✓).

1. PERSONAL DETAILS

Please provide the full legal name of each applicant. The BWA CMA will be created in the full name(s) of the applicant(s). *For example, Paul Simon Brown.*

APPLICANT 1

Mr Mrs Miss Ms Other

First name Middle name

Surname

Also known as

Male Female

Work phone number Home phone number

Mobile Date of birth

Email address

Occupation

Employer

APPLICANT 2

Mr Mrs Miss Ms Other

First name Middle name

Surname

Also known as

Male Female

Work phone number Home phone number

Mobile Date of birth

Email address

Occupation

Employer

Residential address

(PO Box, RMB, C/- or similar are not acceptable)

Suburb

State Postcode Country (leave blank if Australia)

Residential address

(PO Box, RMB, C/- or similar are not acceptable)

Suburb

State Postcode Country (leave blank if Australia)

If there are more than two applicants, please complete additional application form(s). Please tick (✓) if additional forms are attached.

2. ACCOUNT DETAILS

Account designation (optional)

Applicant 1 – Password (optional)

Applicant 2 – Password (optional)

3. CORRESPONDENCE DETAILS

MAILING ADDRESS

Please tick (✓) if mailing address and residential address for Applicant 1 are the same.
Address (PO Box, RMB, C/- or similar are acceptable)

Suburb

State Postcode Country (leave blank if Australia)

DUPLICATE STATEMENT ADDRESS

Recipient type please tick (✓): not required send to individual send to business
(please complete the section for the relevant recipient)

Please note: Duplicate statements can only be sent to an address in Australia

Individual

Title First name

Middle name

Surname

Residential Address:

(PO Box, RMB, C/- or similar are not acceptable)

Suburb

State Postcode Country

Mailing Address:

(PO Box, RMB, C/- or similar are acceptable)

Suburb

State Postcode Country

Business

Recipient

Street Address:

(PO Box, RMB, C/- or similar are not acceptable)

Suburb

State Postcode Country

Mailing Address:

(PO Box, RMB, C/- or similar are acceptable)

Suburb

State Postcode Country

4. ACCESS FACILITIES

Please tick (✓) the Access Facilities required:

Phone Access

Online Access

Debit Card

Cheque Book (25 per book)

Deposit Book

Please note that all account signatories must satisfy the identification requirements. Please refer to page 7 of the PDS.

5. MANNER OF OPERATION

Please elect how you wish to operate your BWA CMA by ticking (✓) one of the following:

Any one of us to sign Any two of us to sign All of us to sign

Note:

1. Where you do not elect a manner of operation, we will default to 'All of us to sign'.
2. Phone Access, Online Access and a debit card cannot be selected unless the manner of operation is 'Any one of us to sign'.

6. ADVISER FIRM ACCESS

Please elect the level of access you wish to grant your Adviser Firm, please tick (✓) one of the boxes below:

If no selection is made your adviser firm will receive Enquiry Access

- Enquiry Access – your Adviser Firm can view details about your account
- Fee Payment Authority – your Adviser Firm can withdraw funds from your CMA to pay their fees and regulatory fees
- General Withdrawal Authority – your Adviser Firm can withdraw funds from your BWA CMA for any purpose or amount
- No access

Please refer to the 'Things you should know' section of this form to see the rights and obligations attached to each level of access.

7. TAX DETAILS

APPLICANT 1

We need to collect information regarding whether you reside in, or are a citizen or tax resident of Australia.

| Country | Citizen (Y/N/Blank) | Resides in (Y/N/Blank) | Tax Resident (Y/N/Blank) | TFN | or Exemption code ¹ |
|-----------|--------------------------|---------------------------|-----------------------------|----------------------|-----------------------------------|
| AUSTRALIA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |

We also need to collect information regarding whether you reside in, or are a citizen or tax resident of another country.

| Country | Citizen (Y/N/Blank) | Resides in (Y/N/Blank) | Tax Resident (Y/N/Blank) | TIN or Exemption Reason ² |
|----------------------|--------------------------|---------------------------|-----------------------------|---|
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

Please advise your primary country for tax residency purposes.

If you have answered 'Yes' to residing in another country other than Australia, please advise the reason why you are opening an Australian bank account/facility.

BWA CMA – Self Certification

I certify the Countries of Citizenship, Residency and Tax Residency information I have provided is complete and correct and I will advise the Bank immediately if such information is to change.

Signature

Print name

Date

- 1 E Exemption – please write the full name of the benefit that you receive (eg 'Age Pension').
 N Non-resident – please write the full name of your country of residence.
 O Not-for-profit organisations – who are not required to lodge a TFN.
 D No TFN or do not wish to quote a TFN – please refer to the PDS for further information.
- 2 If no TIN is listed, write:
 Code A The country of tax residency does not issue TINs to tax residents.
 Code B The individual has not been issued with a TIN.
 Code C The country of tax residency does not require the TIN to be disclosed.

APPLICANT 2

We need to collect information regarding whether you reside in, or are a citizen or tax resident of Australia.

| Country | Citizen (Y/N/Blank) | Resides in (Y/N/Blank) | Tax Resident (Y/N/Blank) | TFN | or Exemption code |
|-----------|--------------------------|---------------------------|-----------------------------|----------------------|--------------------------|
| AUSTRALIA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |

We also need to collect information regarding whether you reside in, or are a citizen or tax resident of another country.

| Country | Citizen (Y/N/Blank) | Resides in (Y/N/Blank) | Tax Resident (Y/N/Blank) | TIN or Exemption Reason |
|----------------------|--------------------------|---------------------------|-----------------------------|----------------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

Please advise your primary country for tax residency purposes.

If you have answered 'Yes' to residing in another country other than Australia, please advise the reason why you are opening an Australian bank account/facility.

BWA CMA – Self Certification

I certify the Countries of Citizenship, Residency and Tax Residency information I have provided is complete and correct and I will advise the Bank immediately if such information is to change.

Signature

Print name

Date

/
 /

8. ADVISER/BROKER SERVICE FEE

Complete this section only if you have agreed with your financial adviser to have an ongoing Adviser/Broker Service Fee deducted. Refer to page 6 of the PDS for details.

Adviser/Broker Service Fee .% per annum

9. DECLARATION

I/We understand and acknowledge that the law requires signatories to provide true and correct information and state all the names by which they are commonly known. I/We also understand that the law prohibits the use of false names, as well as the giving, use or production of false or misleading information or documents in connection with the provision of financial services and the making, possession or use of a false document in connection with an identification procedure.

I/We declare and agree that:

1. I/We have received a copy of the PDS and BWA CMA Access Facilities – Conditions of Use document in Australia to which this application form relates and understand the terms.
2. I am/We are bound by the provisions of the PDS (including the BWA CMA Access Facilities – Conditions of Use document as amended and notified to us from time to time).
3. All information contained within this form, including the information about my/our countries of Citizenship, Residency and Tax Residency is complete and correct and I/We will advise the Bank of any changes with 30 days.
4. If I am/we are an individual or joint investor, I am/we are 18 years of age or older and I/we have the legal power to invest.
5. I/We have completed and signed this application form in Australia.
6. If this application is signed under a power of attorney, the attorney has not received notice of revocation of that power.
7. My/Our Adviser has collected the required AML/CTF and CRS information for myself/us using the relevant identification form. The information contained within the relevant identification form is true and correct.
8. as an individual, certify that you are the named person or you are authorised to provide information on their behalf
9. as an individual, are aware that information provided about you and your accounts may be provided to the relevant tax authorities

I/We acknowledge that:

1. Neither Colonial First State nor the Bank guarantees the performance of the BWA CMA.

I/We consent to:

1. Colonial First State or the Bank deducting the Adviser/Broker Service Fee as detailed in this form and making those payments to the Adviser Firm, if instructed in section 9.
2. Any applicable fees other than the Adviser/Broker Service Fee being deducted from my account if I/we have authorised the adviser to have fee payment authority (as instructed in section 6).
3. Colonial First State or the Bank providing the Adviser Firm, whose details appear on this form (or any new Adviser Firm that I/we appoint) access to any personal or financial information related to my/our application or the BWA CMA, including copies of documents issued in relation to the BWA CMA (in addition to the powers the Adviser Firm may have as an authorised signatory).
4. Colonial First State and Bankwest collecting, using, exchanging and transferring overseas personal information of all parties contained in the AML/CTF identification forms and this application form in accordance with the Bankwest Privacy Policy.
5. Communications regarding my/our BWA CMA being sent to me/us electronically at my/our nominated electronic address unless I/we inform Colonial First State or Bankwest otherwise.

Signature of applicant 1

X

Print name

Date

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|

Signature of applicant 2

X

Print name

Date

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|

APPROVED DISTRIBUTOR USE ONLY (OFFICE USE ONLY)

Please tick (✓) if identification requirements have been completed for all BWA CMA signatories.

Identification requirements: Under AML/CTF regulations we are required to ensure that all identification requirements are satisfied for all BWA CMA personal applicants. All Individuals must be identified by completing the relevant Identification and Verification form available at bwami.com.au/forms/cma-forms

Residency and tax requirements: Under FATCA/CRS regulations we are required to ensure that the residency and tax requirements are satisfied for all BWA CMA personal applicants.

Please tick (✓) if residency and tax information have been completed for all individuals with this application.

Dealer group

Adviser firm name

Adviser name

Adviser email

BWA CMA Adviser Code

Client Account Number

BSB and BWA CMA Account Number (if provided)

Platform name

Things you should know

You can nominate a Third Party (e.g. your Adviser Firm) to access or withdraw from your nominated account, in which case, you will be bound by their transactions and instructions to us in the same way as if you had performed them yourself.

You can cancel this authority by telling us in writing but cancellation also takes effect only from the date when we amend our records to note the change.

Levels of access

Enquiry Access:

- You authorise the Third Party to have access to information about your nominated account.
- You do not authorise the Third Party to make withdrawals from your nominated account, make any changes to your nominated account details, close your nominated account or enable use of your cheque book or debit card, should you have one.

Fee Payment Authority:

- You authorise the Third Party to have Enquiry Access and to make withdrawals from your nominated account for the purpose of paying their fees and regulatory fees.

General Withdrawal Authority:

- you authorise the Third Party to make payments and withdrawals in accordance with the terms set out under 'Fee Payment Authority' above, and
- in addition, you authorise the Third Party to make payments and withdrawals for any purpose including settlement or investment using online, electronic and telephone withdrawal services or by any other method agreed in writing by us
- you do not authorise the Third Party to make any changes to your nominated account details, close your account or enable use of your cheque book or debit card, should you have one, and
- your stockbroker or Adviser Firm has the right to place a hold on funds in your nominated account, for future payment purposes.

Full Authorised Signatory (individual persons):

- you authorise the Third Party to make payments and withdrawals in accordance with the terms set under General Withdrawal Authority' above, and
- in addition, this authority allows the Third Party to use the cheque book and/or debit facility should you have one, change details on your account and close your nominated account. This does not allow the authorised signatory to appoint other authorised signatories to the account except in limited circumstances as referred to in clause 9.3 of the BWA CMA Access Facilities – Conditions of Use document.