



Access Facilities and Manner of Operation Request

Complete this form to request Access Facilities for your BWA Cash Management Account (BWA CMA) and/or change the way your BWA Cash Management Account (BWA CMA) will operate.

1. CLIENT SERVICES

Please post or fax this form to: **BWA Managed Investments**
PO Box 2515
Perth WA 6001
Fax: 1300 853 628

2. ACCOUNT DETAILS

BWA CMA Account Name

BSB

 -

BWA CMA Account Number

3. ACCESS FACILITIES

Please tick (✓) the BWA CMA Access Facilities required:

- Phone Access
- Online Access
- Debit Card
- 25 Form Cheque Book (free)
- Deposit Book (free)

Please Note: Phone, Online and Debit Card access are only available if the elected Manner of Operation of your BWA CMA is 'any one of us to sign'. To change your Manner of Operation to 'any one of us to sign' complete Section 4 below.

4. MANNER OF OPERATION

If you wish to change the Manner of Operation, please tick (✓) the Manner of Operation required:

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

I/We acknowledge that this instruction to elect the Manner of Operation will supersede any previous instruction.

5. ACCEPTANCE OF TERMS AND CONDITIONS

I/We confirm I/we have read, understood and agree to be bound by the Terms and Conditions set out in either the BWA CMA Product Disclosure Statement and BWA CMA Access Conditions of Use booklet.

Signature BWA CMA- Signatory 1

Full name

Date

 / /

Signature BWA CMA - Signatory 2

Full name

Date

 / /

Please Note: This form must be signed in accordance with the BWA CMA Account's Manner of Operation, i.e. 'Any one of us to sign', 'Any two of us to sign' or 'All of us to sign'.