



# Deceased Estate Change of Account Details

Complete this form to change the BWA Cash Management Account holder name (and other details) to that of a surviving holder or to the estate.

## 1. CLIENT SERVICES

Please post this form to: BWA Managed Investments  
GPO Box 2515  
Perth WA 6001

## 2. CASH MANAGEMENT ACCOUNT(S)

Please provide the existing CMA Account Details. Please Note: Supporting documentation is required.  
Contact our Client Services Team for further information.

CMA Account Name

1.

BSB

-

CMA Account Number

CMA Account Name

2.

BSB

-

CMA Account Number

## 3. NEW CASH MANAGEMENT ACCOUNT NAME(S)

Please provide details of the changes required.

New CMA Account Name

1.

2.

## 4. NEW CONTACT INFORMATION

If applicable, please provide details of any contact information that has changed.

New Mailing Address

Suburb

State

Postcode

Country (leave blank if Australia)

New Work Number

New Home Number

New Mobile Number

New Fax Number

New Email Address

## 5. TAX FILE NUMBER (ONLY APPLICABLE FOR AN ESTATE)

Tax File Number

## 6. ACCESS FACILITIES (IF APPLICABLE)

Please tick (✓) the Access Facilities required. **Please Note:** Leave blank if your existing CMA Account currently has the Access Facilities required.

Phone Access     Cheque Book     Deposit Book  
 Online Access     Debit Card

The Customer Identification Check is used to properly identify a new Investor Plus CMA Account signatory can be found in the Product Disclosure Statement.

## 7. MANNER OF OPERATION (IF APPLICABLE)

Please elect how you wish to operate the CMA Account by ticking (✓) one of the following boxes.

**Please Note:** Leave blank if your existing CMA Account currently has the Manner of Operation required.

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

**IMPORTANT:** If 'Any two of us to sign' or 'All of us to sign' is selected then Phone Access, Online Access and debit card facilities will not be made available. The Manner of Operation election may be changed at any time by written request signed by the CMA account holder(s).

## 8. EXECUTOR(S)/SIGNATURE(S)

Name/CMA Account Signatory 1/executor\*

  

Name/CMA Account Signatory 2/executor\*

  

Signature/CMA Account Signatory 1/executor\*

Signature/CMA Account Signatory 2/executor\*

Date

 /  / 

Date

 /  / 

\*Delete as applicable.

## 9. CERTIFICATION (WHERE AN EXECUTOR(S) HAS BEEN APPOINTED)

I,  of

hereby certify that the above signatures as indicated are those of executor(s) of the estate/late

Signature/Solicitor/Justice of the Peace

If you need help completing this form please contact our Client Services Team

Client Services: 1300 663 117

Email: [support@bwami.com.au](mailto:support@bwami.com.au)

Office Use Only

Signature verified:

Entered by:

Staff No:

Date entered: