



# 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 Information Statement (PIS) dated 28 November 2014 and the Bankwest Access Facilities – Conditions of Use document dated 27 November 2015. Any person giving another person this application form must also provide that person with the BWA CMA PIS and the Bankwest 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

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

Suburb

State  Postcode  Country (leave blank if Australia)

### 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)

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 6 of the PIS.

## 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:

- Where you do not elect a manner of operation, we will default to 'All of us to sign'.
- 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

If you wish to restrict your Adviser Firm access from General Withdrawal Authority, please tick (✓) one of the boxes below:

- Fee Payment Authority (fees to be paid to the adviser other than the Adviser/Broker Service Fee relating to the BWA CMA as completed in section 8 of this application form).
- Enquiry Access
- No access\*

\*Please note that by ticking the box above, you are overriding within the Declaration section (I/We consent), clause 3. Please refer to the Bankwest Access Facilities – Conditions of Use document, page 48 – term 9.4 for details.

## 7. RESIDENCY AND 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
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

**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 the PIS 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 PIS and Bankwest 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 PIS (including the Bankwest 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.

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 the form and making those payments to the Adviser Firm.
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](http://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