

BWA Cash Management Account – Trust 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. TRUST DETAILS

Full name of Trust/Superannuation Fund

Trust ABN (if applicable) Trust TFN or Exemption code

Country of Establishment Industry

Foreign Tax Residency details.

Please provide the details of any countries, other than Australia, that the Trust is a tax resident

Country	TIN or Exemption Reason
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Is the trust operating as a charity?

Yes No

If 'Yes', please respond to the following question: What is the objective/purpose of the charity? (eg vocational training for disabled persons, assistance for tsunami victims, building fund for a particular school or institution etc.)

2. ACCOUNT DETAILS

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

Address

Suburb State Postcode

Country (leave blank if Australia)

Account mailing address

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	
<input type="text"/>	<input type="text"/>	
Middle name	Surname	
<input type="text"/>	<input type="text"/>	
Residential Address: (PO Box, RMB, C/- or similar are not acceptable)		
<input type="text"/>		
<input type="text"/>		
Suburb		
<input type="text"/>		
State	Postcode	Country
<input type="text"/>	<input type="text"/>	AUSTRALIA
Mailing Address: (PO Box, RMB, C/- or similar are acceptable)		
<input type="text"/>		
<input type="text"/>		
Suburb		
<input type="text"/>		
State	Postcode	Country
<input type="text"/>	<input type="text"/>	AUSTRALIA

Business

Recipient		
<input type="text"/>		
Street Address: (PO Box, RMB, C/- or similar are not acceptable)		
<input type="text"/>		
<input type="text"/>		
Suburb		
<input type="text"/>		
State	Postcode	Country
<input type="text"/>	<input type="text"/>	AUSTRALIA
Mailing Address: (PO Box, RMB, C/- or similar are acceptable)		
<input type="text"/>		
<input type="text"/>		
Suburb		
<input type="text"/>		
State	Postcode	Country
<input type="text"/>	<input type="text"/>	AUSTRALIA

Contact details*

Contact name
<input type="text"/>
Contact phone number
<input type="text"/>
Contact email address
<input type="text"/>

*Please provide a contact name and contact phone number for the entity in case we need to contact you.

Account designation (optional)

3. INVESTMENT ACTIVITY

(only complete if the trust is not a Superannuation Fund)

Is the trust's primary business activity investing?

Tick 'Yes' if the trust earns more than 50% of its total income from investment activities (eg rent, interest or dividends) or more than 50% of the trust's assets produce or are held for producing this investment income.

Yes No

4. CORPORATE TRUSTEE

If the trustee is a Company, please provide the following details:

Foreign Tax Residency details.

Please provide the details of any countries, other than Australia, that the Company is a tax resident

Country	TIN or Exemption Reason
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Full name of Company

Country of Establishment

Industry

The following information must be for the Company

ACN	ABN	TFN	or Exemption code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the company operating as a charity?

Yes No

If 'Yes', please respond to the following question: What is the objective/purpose of the charity? (eg vocational training for disabled persons, assistance for tsunami victims, building fund for a particular school or institution etc.)

Investment activity (Company)

(Only complete if the Company is a Proprietary Company)

Is the company's primary business activity investing?

Tick 'Yes' if the company earns more than 50% of its total income from investment activities (eg rent, interest or dividends) or more than 50% of the company's assets produce or are held for producing this investment income.

Yes No

5. TRUSTEE AND BWA CMA SIGNATORY DETAILS

Please provide the full legal name of each Trustee/BWA CMA account signatory

TRUSTEE/BWA CMA SIGNATORY 1

Mr Mrs Miss Ms Other

First name

Middle name

Surname

Also known as

Male Female

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

Suburb

State Postcode Country (leave blank if Australia)

Date of birth

Password (optional)

Home phone number

Work phone number

Mobile

Email address

Occupation

Employer

Countries of residence (please provide details of all of the countries that you reside in)

If you reside in countries other than Australia, please advise the reason you are opening an Australian bank account/facility

TRUSTEE/BWA CMA SIGNATORY 2

Mr Mrs Miss Ms Other

First name

Middle name

Surname

Also known as

Male Female

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

Suburb

State Postcode Country (leave blank if Australia)

Date of birth

Password (optional)

Home phone number

Work phone number

Mobile

Email address

Occupation

Employer

Countries of residence (please provide details of all of the countries that you reside in)

If you reside in countries other than Australia, please advise the reason you are opening an Australian bank account/facility

If there are more than two trustees/BWA CMA Signatories, please complete a separate application form providing details of the additional trustees/signatories.

Please tick (✓) if additional forms are attached

5. TRUSTEE AND BWA CMA SIGNATORY DETAILS (CONTINUED)

(Only complete if you are an individual trustee)

Please advise your primary country for tax residency purposes

If Australia, please provide your TFN or Exemption code.

TFN

Exemption code

If your primary country for tax residency purposes is a foreign country please provide your TIN

(Only complete if you are an individual trustee)

Please advise your primary country for tax residency purposes

If Australia, please provide your TFN or Exemption code.

TFN

Exemption code

If your primary country for tax residency purposes is a foreign country please provide your TIN

6. 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.

7. 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'.

8. 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 (under I/We consent section) Clause 3. Please refer to the Bankwest Access Facilities – Conditions of Use document, page 48 – term 9.4 for details.**

9. 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

10. 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:

- The details shown in this form are complete and correct. Furthermore, I/we certify that the investment activity, classification and tax residency information that I/we have provided relating to the trust and/or corporate trustee is complete and correct. I/we will advise the Bank if such information is to change.
- 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.
- 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).
- 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.
- I/We have completed and signed this application form in Australia.
- If this application is signed under a power of attorney, the attorney has not received notice of revocation of that power.
- My/Our Adviser has collected the required AML/CTF, CRS information for myself/us, the trust and if applicable the corporate trustee and other individuals or officeholders of the corporate trustee, or individuals or entities connected to the trust, using the relevant identification forms. The information contained within the relevant identification forms is true and correct.
- Where the AML/CTF information collected by my/our Adviser relates to other individuals or officeholders related to the corporate trustee, they have been provided with a copy of this declaration and the Bankwest Privacy Policy.

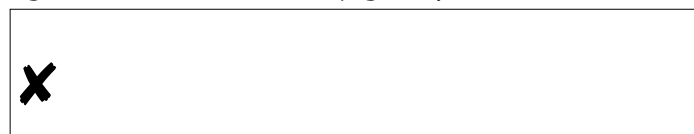
I/We acknowledge that:

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

I/We consent to:

- 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.
- 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 8).
- 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).
- 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.
- 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 Authorised Trustee/Signatory



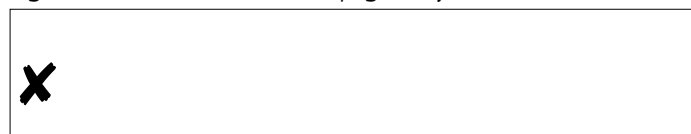
Name

Corporate title

Date

//

Signature of Authorised Trustee/Signatory



Name

Corporate title

Date

//

If a trustee is a company, then two directors or a director and the company secretary should sign. If the company is a proprietary company and has only one director who is also the sole company secretary or there is no company secretary then that director should sign.

APPROVED DISTRIBUTOR 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 BWA CMA Trust applicants' identification requirements are satisfied. All trusts must also complete the relevant FSC Regulated or Unregulated Trust 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 individual trustees, as well as beneficial owners/controllers of companies and/or trusts that are classified as passive. (Passive refers to a Proprietary Company that earn more than 50% of its total income from investment activities, for example rent, interest or dividends, or more than 50% of the company's assets produce or are held for producing investment income).

Please tick (✓) if residency and tax information have been completed for all individual trustees and beneficial owners/controllers (where the entity is passive).

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