



# Deceased Estate Change of Account Details

Complete this form to change the BWA Cash Management Trust 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 TRUST ACCOUNT(S)

Please provide the existing CMT Account Details. Please Note: Supporting documentation is required.

Contact our Client Services Team for further information.

CMT Account Name

1.

BSB

-

CMT Account Number

CMT Account Name

2.

BSB

-

CMT Account Number

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

Please provide details of the changes required.

New CMT 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 CMT 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 CMT Account signatory. This form can be located at [bwami.com.au/forms](http://bwami.com.au/forms)

## 7. MANNER OF OPERATION (IF APPLICABLE)

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

Please Note: Leave blank if your existing CMT 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 CMT account holder(s).

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

Name/CMT Account Signatory 1/executor\*

  

Name/CMT Account Signatory 2/executor\*

  

Signature/CMT Account Signatory 1/executor\*

Signature/CMT 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: