



Instruction sheet

Trust Applicant Instruction Sheet and Application Form

To ensure that we are able to process your application quickly and efficiently, please check that you have completed the following steps:

1. Investment Details

Purpose of investment.	Provide a short description of the purpose of your investment.
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2. Trust Details

Superannuation fund/Trust Details	Provide full name of superannuation fund/trust.
Trust ABN	Provide the Trust ABN if applicable. If it is a superannuation fund then tick the check box.
ACN/ARBN	Provide if applicable.
Country of establishment	Provide the name of country if it is other than Australia.

3. Trustee and CMA Account Signatory Details

Corporate Trustee	Provide Company and CMA signatory details if the trustee is a Company. Trustee and/or account signatory details must be as per the trust or Superannuation Fund deed.
Signatory Details	Provide signatory(s) full name, including middle name/s, and date of birth.
Contact details	Provide signatory(s) contact details.
Employment details	Provide signatory(s) occupation and employer details.
Residential address	Provide signatory(s) street address, please note that a PO Box, RMB or C/- is not sufficient.

4. Correspondence Details

Mailing address	Provide mailing address for the principal place of business as all correspondence will be sent to this address. PO Box is NOT acceptable.
Duplicate statement mailing address	Provide mailing address for a duplicate statement, if required.
Contact details	Provide contact name, phone number and email address in case we need to contact you.

5. Access Facilities

Access facilities	Select the facilities you would like to be provided for your account.
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6. Manner of Operation

Manner of Operation	Signatories elect the manner in which you wish to operate your account. Where you make no selection default operation of 'All of us to sign' will apply.
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7. Tax File Number Declaration

Tax File Number (TFN) Declaration	<p>Providing your TFN is optional. If you choose not to provide your TFN and you do not elect an appropriate exemption category we are required to deduct withholding tax from any income paid to you. Withholding tax is calculated at the highest personal tax rate plus Medicare Levy.</p> <p>If you provide the TFN, ABN or ARBN it must be of the Company, Business, Sole Trader, Partnership, Incorporated Body or Unincorporated Body.</p> <p>The following categories of persons are exempt from providing a TFN:</p> <ol style="list-style-type: none">1. Age Pension, Defence Service/Veteran's Pension or Disability Support Pension2. Other pension (for example, Wife, Carer, Widow, Sole Parent, Special Benefit, Special Needs Pension or Rehabilitation Allowance)3. Entity that is not required to lodge a tax return (for example, non-profit organisation) <p>If you are claiming an exemption from providing a TFN, please indicate your category of exemption where indicated on the application form.</p> <p>Joint accounts</p> <p>Where an account has two account holders, tax will be withheld from the total income paid to you unless both account holders provide their TFN, an exemption or non-resident details. Where an account has more than two account holders, the following rules apply:</p> <table border="1"><thead><tr><th>Scenario</th><th>Tax will be withheld from the total income paid to you, unless:</th></tr></thead><tbody><tr><td>At least two of the account holders have a TFN</td><td>Two account holders provide their TFN</td></tr><tr><td>One of the account holders has a TFN</td><td>That TFN and exemption or non-resident details of another account holder are provided</td></tr><tr><td>None of the account holders has a TFN</td><td>At least two account holders provide an exemption or non-resident details</td></tr></tbody></table>	Scenario	Tax will be withheld from the total income paid to you, unless:	At least two of the account holders have a TFN	Two account holders provide their TFN	One of the account holders has a TFN	That TFN and exemption or non-resident details of another account holder are provided	None of the account holders has a TFN	At least two account holders provide an exemption or non-resident details
Scenario	Tax will be withheld from the total income paid to you, unless:								
At least two of the account holders have a TFN	Two account holders provide their TFN								
One of the account holders has a TFN	That TFN and exemption or non-resident details of another account holder are provided								
None of the account holders has a TFN	At least two account holders provide an exemption or non-resident details								

8. Adviser Firm Access

Adviser Firm Access	Elect the level of access you wish to grant your Financial Adviser.
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9. Declaration

Declaration	All signatory(s)/corporate officer(s) must sign the application form
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10. Identification requirements

Identification requirements	Under AML/CTF regulations we are required to ensure that all identification requirements are satisfied for all CMA Trust applicants. All Trust applicants must be identified by completing the Trust Identification and Verification Form which is available at bwami.com.au/forms/cma-forms .
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Additional information:

Accounts on Behalf of a Minor

To open an account on behalf of a minor please complete the BWA Cash Management Account Form C – Trust Applicants, which is available at bwami.com.au/forms/cma-forms

Power of Attorney

If the application is being signed under a power of attorney, please provide a certified copy of the power of attorney document as well as an Identification and Verification Form – Individuals for the attorney.

Please note that all of the pages within the document must be certified and signed as a true copy of the original document. The document must be no less than 21 days old and we must receive a specimen signature of the attorney to the application form.

Third Party Access

If you wish to appoint a third party to have access and/or operate your account you may do so by completing Form D – Third Party Authority Form available at bwami.com.au/forms/cma-forms



BWA Cash Management Account Form C – Trust Applicants (including Superannuation Funds and Deceased Estates)

This application form is used for opening an account in the BWA Cash Management Account (Account) and obtaining related Access Facilities. The application form accompanies the Product Information Statement (PIS) for the Account dated 19 November 2012. Any person giving another person this application form must also provide that person with the BWA Cash Management Account PIS. The BWA Cash Management Account 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 (Bankwest).

Please print clearly using CAPITAL LETTERS. Where indicated, please mark boxes with a tick (✓).

1. INVESTMENT DETAILS

What is the purpose of the investment?

2. TRUST DETAILS

Full name of superannuation fund/trust

Trust ABN (if applicable)

Is this a Superannuation Fund?

3. TRUSTEE AND CMA ACCOUNT SIGNATORY DETAILS

Corporate trustee: If the trustee is a Company, please provide Company and CMA signatory details.

Entity name

ACN/ARBN (if applicable)

ABN

Password (optional)

Country of establishment (leave blank if Australia)

ALL APPLICANTS: Please provide trustee and/or account signatory details as per trust or Superannuation Fund deed.

3. TRUSTEE AND CMA ACCOUNT SIGNATORY DETAILS (CONTINUED)

TRUSTEE/CMA ACCOUNT SIGNATORY 1

Mr Mrs Miss Ms Other

Given name(s)

Surname

Residential address (mandatory, a PO Box, RMB or C/- is not sufficient)

Suburb

State

Postcode

Country (leave blank if Australia)

Date of birth

Password (optional)

Occupation

Your main country of residence, if not Australia

Employer

Phone number

Email address

TRUSTEE/CMA ACCOUNT SIGNATORY 2

Mr Mrs Miss Ms Other

Given name(s)

Surname

Residential address (mandatory, a PO Box, RMB or C/- is not sufficient)

Suburb

State

Postcode

Country (leave blank if Australia)

Date of birth

Password (optional)

Occupation

Your main country of residence, if not Australia

Employer

Phone number

Email address

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

Please tick (✓) if additional forms are attached.

4. CORRESPONDENCE DETAILS

Street/Business address (mandatory, a PO Box, RMB or C/- is not sufficient)

Address

Suburb

State

Postcode

Country (leave blank if Australia)

Mailing address – Please tick (✓) if mailing address and street/business address are the same.

Address

Suburb

State

Postcode

Country (leave blank if Australia)

4. CORRESPONDENCE DETAILS (CONTINUED)

Duplicate statement mailing address

Address

Suburb

State

Postcode

Country (leave blank if Australia)

Please note: Form D may be required for a Third Party to receive a duplicate statement.

Contact details*

Contact name

Contact phone number

Contact email address

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

5. 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 11 of the PIS.

6. MANNER OF OPERATION

Please elect how you wish to operate your 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'.

7. TAX FILE NUMBER/NON-RESIDENT DECLARATION/TAX IDENTIFICATION NUMBER

The TFN, ABN or ARBN you quote, if you choose to do so, must be that of the Trust/Superannuation Fund/Deceased Estate.

Applicant TFN/ABN/ARBN

Applicant TIN

If you are a non-resident for tax purposes, please provide your country of residence.

Please tick (✓) exemption category if applicable. 1 2 3

Refer to section 7 of the instruction sheet for TFN exemption categories.

8. DOCUMENT CHECKLIST*

Please ensure you have the necessary documents below:

Entity	Documents required
Unregulated trust	Please provide one of the following: <ul style="list-style-type: none">→ a notice issued by the Australian Taxation Office within the last 12 months (eg a Notice of Assessment). Block out the TFN before scanning, copying or storing this document→ a letter from a solicitor or qualified accountant that confirms the name of the trust, or→ an original or certified copy or certified extract of the trust deed.
Deceased Estate	An original certified copy of the death certificate and, if applicable, an original certified copy of the Will (a photocopy of an original certified copy is not acceptable). In addition, if a Will has been provided, we will require an original certified copy of the Grant of Probate. If a Will has not been provided, we will require an original certified copy of the Letters of Administration. Please note that we will not accept uncertified copies of any of the above documents.

Please tick (✓) if you have attached the necessary documents identified above.

* Please note that further documentation may be requested in certain circumstances.

9. 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

Enquiry Access

No access*

* Please note that by ticking the box above you are overriding item 9 of the declaration following. Please refer to page 42, Access Facilities – Conditions of Use 9.4 for details.

10. DECLARATION

I/We declare and agree that:

- 1. I/We have received a copy of the PIS to which this application relates and have read, understood and agree to its terms.**
2. I/We agree to be bound by the provisions of this PIS (including the Access Facilities – Conditions of Use as amended and notified to us from time to time).
3. All details provided in this application are true and correct.
4. If I am/we are an individual or joint investor, I/we declare that I am/we are 18 years of age or older and I/we have the legal power to invest in accordance with the application.
5. I/We have received and completed this application in Australia.
6. I/We further acknowledge that neither Colonial First State nor the Bank guarantees the performance of the CMA or the repayment of capital from the CMA.
7. If this application is signed under a power of attorney, the attorney declares that he/she has not received notice of revocation of that power.
8. I/We agree that transaction confirmations may be provided in the manner stated on page 9 of the PIS.
9. Unless I/we have indicated otherwise under section 9, I/we authorise Colonial First State and Bankwest to provide an 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 CMA, including copies of documents issued in relation to the CMA (in addition to the powers the Adviser Firm may have as an authorised signatory).
- 10. I/We acknowledge that I/we have read the pages of the PIS containing the information under the heading 'Privacy' page 10. I am/We are aware that until I/we inform Colonial First State otherwise, I/we will be taken to have consented to all the uses and disclosures of my/our personal information (including marketing) contained under that heading.**

The BWA Cash Management Account is offered by Bankwest, a division of the product issuer, Commonwealth Bank of Australia ABN 48 123 123 124 AFSL/Australian credit licence 234945 (Bankwest).

Signature of CMA account signatory 1/corporate officer

Name

Corporate title

Date

Signature of CMA account signatory 2/corporate officer

Name

Corporate title

Date



If an applicant 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 CMA signatories.

Dealer group

Adviser firm name

Adviser name

BWA CMA Adviser Code

Client Account Number

BSB and CMA Account Number (if provided)

Platform name

Platform reference

Office use only

Dealer/Firm details
