BWA Managed Investments

bankwest

BWA CASH MANAGEMENT ACCOUNT
GPO BOX 2515, PERTH WA 6001

Application Form Helpline
1300 663 117

BWA Cash Management Account Form A – Personal Applicants

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 24 February 2011. 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 Bank of Western Australia Ltd ABN 22 050 494 454 AFSL 236872.

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

1. INVESTMENT DETAILS

What is the purpose of your investment?

2. PERSONAL DETAILS

Please provide the full name of each applicant. The 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

Given name(s)

Surname

Account designation (optional)

Work phone number

Home phone number

Mobile

Date of birth / /

Email address

Occupation

Your main country of residence, if not Australia

Password (optional)

Employer

Residential address

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

Suburb

State

Postcode

Country (leave blank if Australia)

APPLICANT 2

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

Surname

Account designation (optional)

Work phone number

Home phone number

Mobile

Date of birth / /

Email address

Occupation

Your main country of residence, if not Australia

Password (optional)

Employer

Please tick (✔) if address is same as Applicant 1. ☐

Address

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. ☐

3. CORRESPONDENCE DETAILS

MAILING ADDRESS

Please tick (✔) if mailing address and residential address for Applicant 1 are the same. ☐

Address

Suburb

State

Postcode

Country (leave blank if Australia)

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.

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 27 of the PIS.

5. 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:

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'.

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

☐ 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 21, section 9.1 for details.*

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

Please provide the Tax File Number (TFN), Tax Identification Number (TIN), non-resident details or reason for exemption for each applicant:

APPLICANT 1 TFN

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 page 10 of the PIS for TFN exemption categories.

APPLICANT 2 TFN

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 page 10 of the PIS for TFN exemption categories.

APPLICANT 1 TIN

APPLICANT 2 TIN

8. 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 6, 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 account, 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 'How is your personal information dealt with?'. 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 Bank of Western Australia Ltd ABN 22 050 494 454 AFS Licence 236872.

Signature of applicant 1

✘

Print name

Date

D D / M M / Y Y Y Y

Signature of applicant 2

✘

Print name

Date

D D / M M / Y Y Y Y

APPROVED DISTRIBUTOR USE ONLY

Please tick (✔) if identification requirements have been completed for all CMA signatories. ☐

Dealer group

Adviser firm name

Trader Dealer Online Pty Ltd

Adviser name

Trader Dealer

BWA CMA Adviser Code

SK06690001

Client Account Number

BSB and CMA Account Number (if provided)

Platform name

Platform reference

Office use only

Dealer/Firm details

Receipt Number: