



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 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 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)

D D / M M / Y Y Y Y

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)

D D / M M / Y Y Y Y

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 27 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:

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'.

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 page 10 of the PIS 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 21 section 9.1 for details.

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