

## MANAGED FUND INVESTMENT FORM

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**Form ID: 2016**

**Where to send this form?**

Please provide your completed and signed form with any relevant supporting documents to your adviser.

**Adviser use only:** Use this Form ID to securely submit the documents via eSubmit. To use eSubmit, log into the CommSec Adviser Services website and go to: **Administration > eSubmit**

**1 INVESTMENT LOAN DETAILS**

**COMPULSORY**

INVESTMENT LOAN NUMBER

BORROWER NAME(S)



Please complete all sections of this form.

**2 TAX RESIDENCY INFORMATION**

**COMPULSORY**

Each country has different rules which govern tax residency. For Individuals, these rules are often based on whether your home is there, the time you spend there, or if you work there. If you are unsure about your tax residency, you should seek professional advice. (You can be a tax resident of more than one country.)

Either a TIN or a Reason Code for no TIN for each Country of Tax Residency will be required to be provided.

Reason code for no TIN

- A. My country of tax residency does not issue TINs
- B. I have not been issued with a TIN by my country of tax residency
- C. My country of tax residency does not require disclosure of a TIN

**Individual Tax Information**

All Borrowers/directors/trustees/beneficial owners and 3rd party mortgagors must complete the below table.

You must list all your countries of tax residency and your TIN or if no TIN is available, please select a reason code.

**Note the below:**

- If the person is a US citizen or resident, you must include USA as a country of tax residency.
- If the person has listed Australia as a country of tax residency, please insert reason code C in the TIN column.

Attach a separate sheet if additional individuals are required to complete their foreign tax residency information.

| FULL NAME 1   | CUSTOMER TYPE/S                              | ADDRESS | COUNTRY/IES OF TAX RESIDENCY | TIN/REASON CODE |
|---------------|--|---------|------------------------------|-----------------|
|               | <input type="checkbox"/> Borrower            |         |                              |                 |
|               | <input type="checkbox"/> Director            |         |                              |                 |
| DATE OF BIRTH | <input type="checkbox"/> Trustee             |         |                              |                 |
|               | <input type="checkbox"/> 3rd Party Mortgager |         |                              |                 |
|               | <input type="checkbox"/> Beneficial Owner    |         |                              |                 |
| FULL NAME 2   | CUSTOMER TYPE/S                              | ADDRESS | COUNTRY/IES OF TAX RESIDENCY | TIN/REASON CODE |
|               | <input type="checkbox"/> Borrower            |         |                              |                 |
|               | <input type="checkbox"/> Director            |         |                              |                 |
| DATE OF BIRTH | <input type="checkbox"/> Trustee             |         |                              |                 |
|               | <input type="checkbox"/> 3rd Party Mortgager |         |                              |                 |
|               | <input type="checkbox"/> Beneficial Owner    |         |                              |                 |
| FULL NAME 3   | CUSTOMER TYPE/S                              | ADDRESS | COUNTRY/IES OF TAX RESIDENCY | TIN/REASON CODE |
|               | <input type="checkbox"/> Borrower            |         |                              |                 |
|               | <input type="checkbox"/> Director            |         |                              |                 |
| DATE OF BIRTH | <input type="checkbox"/> Trustee             |         |                              |                 |
|               | <input type="checkbox"/> 3rd Party Mortgager |         |                              |                 |
|               | <input type="checkbox"/> Beneficial Owner    |         |                              |                 |
| FULL NAME 4   | CUSTOMER TYPE/S                              | ADDRESS | COUNTRY/IES OF TAX RESIDENCY | TIN/REASON CODE |
|               | <input type="checkbox"/> Borrower            |         |                              |                 |
|               | <input type="checkbox"/> Director            |         |                              |                 |
| DATE OF BIRTH | <input type="checkbox"/> Trustee             |         |                              |                 |
|               | <input type="checkbox"/> 3rd Party Mortgager |         |                              |                 |
|               | <input type="checkbox"/> Beneficial Owner    |         |                              |                 |

## MANAGED FUND INVESTMENT FORM

### 2 TAX RESIDENCY INFORMATION (CONT.)

COMPULSORY

#### Company/Trust Tax information

Please complete the following:

- a) Country/ies where the organisation is resident for tax purposes; and
- b) Tax Identification Number (TIN) of the organisation for each country of tax residency
- c) Where the organisation has no residence for tax purposes, please provide the country in which key management decisions are made.

#### Note the below:

1. You are not required to complete the below if the organisation is a Publicly Listed Company.
2. If the Company is the trustee of the trust, only complete the below information for the trust and not the company.

| COMPANY/TRUST NAME | COUNTRY/IES OF TAX RESIDENCY | TIN/REASON CODE |
|--------------------|------------------------------|-----------------|
|                    |                              |                 |
|                    |                              |                 |
|                    |                              |                 |

### 3 INVESTMENT AMOUNTS

COMPULSORY

CLIENT CONTRIBUTION

INVESTMENT LOAN ADVANCE

TOTAL INVESTMENT

**Important note:** For the Investment to proceed please ensure your loan advance will not breach your current credit limit. Should you need to increase your credit limit please complete a credit limit increase form available at [www.commsecadviserservices.com.au](http://www.commsecadviserservices.com.au)

### 4 CLIENT CONTRIBUTION DETAILS

COMPULSORY

If you are making a contribution, please indicate from the options below.

**Debit my linked bank account below**

ACCOUNT NAME

NAME OF FINANCIAL INSTITUTION OR BANK  
AT WHICH YOUR ACCOUNT IS HELD

BANK STATE BRANCH (BSB)

ACCOUNT NUMBER

**Debit a new bank a/c - I have attached a Direct Debit Authority form with this request.**

**Debit my Accelerator Cash Account.**

**Cheque (s) attached - if sending a cheque please staple it to this form.**

## MANAGED FUND INVESTMENT FORM

### 5 INVESTMENT SELECTION

COMPULSORY

**Platform Investments** - please indicate the underlying investment allocations you wish to invest into.

**Fund Manger requirements** - Fund Managers require an original application form for new investments, and may require a minimum investment amount please confirm this and obtain an application form directly from the relevant fund manager prior to submitting your request.

**Regular Gearing changes** - If you would like any changes to existing RGP please ensure you **complete the RGP Section 6.**

| MANAGED FUND NAME | APIR CODE | INVESTOR ID | INVESTOR NAME | INVESTMENT AMOUNT |       |
|-------------------|-----------|-------------|---------------|-------------------|-------|
|                   |           |             |               | %                 | OR \$ |
|                   |           |             |               |                   |       |
|                   |           |             |               |                   |       |
|                   |           |             |               |                   |       |
|                   |           |             |               |                   |       |
|                   |           |             |               |                   |       |
|                   |           |             |               |                   |       |
|                   |           |             |               |                   |       |
|                   |           |             |               |                   |       |
|                   |           |             |               |                   |       |
|                   |           |             |               |                   |       |

### 6 REGULAR GEARING PLAN AMENDMENTS

IF APPLICABLE

If you wish to make a Regular Gearing Amendment, please select one of the following options.

**Suspend my RGP**                      **Restart**

**Change My RGP**  
(Please nominate change in amounts and complete the table below)

|                             |   |                             |   |                      |
|-----------------------------|---|-----------------------------|---|----------------------|
| MONTHLY CONTRIBUTION AMOUNT |   | MONTHLY LOAN ADVANCE AMOUNT |   | TOTAL MONTHLY RGP    |
| <input type="text"/>        | + | <input type="text"/>        | = | <input type="text"/> |

#### REGULAR GEARING ALLOCATIONS

| MANAGED FUND NAME | APIR CODE | INVESTOR ID | INVESTOR NAME | AMOUNT \$ ONLY |
|-------------------|-----------|-------------|---------------|----------------|
|                   |           |             |               |                |
|                   |           |             |               |                |
|                   |           |             |               |                |
|                   |           |             |               |                |
|                   |           |             |               |                |
|                   |           |             |               |                |
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|                   |           |             |               |                |
|                   |           |             |               |                |
|                   |           |             |               |                |

## MANAGED FUND INVESTMENT FORM

### 7 SIGNED AUTHORITIES

COMPULSORY

We authorise CommSec Adviser Services Investment Lending to affect all instructions indicated on this request form.

- I/We confirm that the above Tax Information is true and correct and that I/we will promptly advise the Bank if it changes.

- Certify that I/we am/are authorised by, and have the consent of the organisation and any Beneficial Owners to provide this Tax Information.

- I/We am/are authorised by each Beneficial Owner to provide the information on their behalf and have confirmed to me/us that the Tax Information provided about them is true and correct. I/we confirm I/we have made them aware that this Tax Information and information relating to the account may be provided to the tax authorities.

#### BORROWER NAME 1 / DIRECTOR 1

PRINT FULL NAME

SIGNATURE

DATE

#### BORROWER NAME 2 / DIRECTOR 2

PRINT FULL NAME

SIGNATURE

DATE

**If this is a joint account - please ensure all parties have signed the request.**



#### Where to send the completed form?

Once completed and signed, please return the form by the eSubmit instructions provided on page 1.