

# **CALIA+** **Application Form**

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**CommSec**  
Adviser Services



EFFECTIVE DATE 21 OCTOBER 2017



## Form ID: 5000

### Where to send this form?

Use this Form ID to securely submit your completed and signed form with any relevant supporting documents through eSubmit.

To use eSubmit, log in to the CommSec Adviser Services website and go to: [Administration > eSubmit](#)

## HOW TO USE THIS FORM – PLEASE USE CAPITAL LETTERS

SECTIONS TO COMPLETE (SIGNATURE REQUIRED <i>x</i> ) All sections are compulsory unless otherwise indicated			
INDIVIDUAL OR JOINT APPLICANTS (INCL. GUARANTORS & SELF EMPLOYED APPLICANTS)	1	ADVISER DETAILS (Adviser Signature <i>x</i> )	✓
	2	APPLICANT DETAILS	✓
	3	APPLICANT FINANCIAL DETAILS	✓
	4	CALIA+ FACILITY SUMMARY	✓
	5	CALIA+ SECURITY SUMMARY	✓
	6	SOLICITOR / CONVEYANCING DETAILS (Compulsory if purchasing a new property)	✓
	8	NOMINATION TO RECEIVE NOTICES <i>x</i> (Optional for Joint borrowers living at same address)	✓
	9	BORROWER DECLARATIONS & SIGNATURES <i>x</i>	✓
	20	REQUIRED SUPPORTING DOCUMENTS	✓
TRUST APPLICANT INCLUDING INDIVIDUAL(S) ACTING AS TRUSTEE	Complete all sections of the Application Form that are applicable to Individual or Joint Applicants, plus		
	10	TRUST APPLICANT	✓
	11	TRUSTEE DETAILS	✓
TRUST APPLICANT INCLUDING COMPANY ACTING AS TRUSTEE	Complete all sections of the Application Form that are applicable to Individual or Joint Applicants, plus		
	10	TRUST APPLICANT	✓
	11	TRUSTEE DETAILS	✓
	12	COMPANY DETAILS	✓
COMPANY APPLICANT	Complete all sections of the Application Form that are applicable to Individual or Joint Applicants, plus		
	12	COMPANY DETAILS	✓

CALIA+ is one of the products available under the CommSec Adviser Services brand, and is provided by Commonwealth Bank of Australia (CBA) ABN 48 123 123 124, AFSL and Australian credit licence 234945. CBA's wholly owned but non-guaranteed subsidiary Commonwealth Securities Limited (CommSec) ABN 60 067 254 399 AFSL 238814, a Participant of the ASX Group and Chi-X Australia, only administers the Investment Loan Sub-accounts within CALIA+.

ADDITIONAL SECTIONS TO COMPLETE (SIGNATURE REQUIRED <i>x</i> ) IF YOU ARE			
APPLYING FOR AN INVESTMENT LOAN SUB-ACCOUNT	7	INVESTMENT LOAN DETAILS	✓
APPLYING FOR AN INVESTMENT LOAN SUB-ACCOUNT INCLUDING REGULAR GEARING	7	INVESTMENT LOAN DETAILS (Including Regular Gearing Investments, if applicable)	✓
APPLYING FOR AN INVESTMENT LOAN SUB-ACCOUNT INCLUDING REGULAR GEARING; AND DEBITING INTEREST FROM ANOTHER BANK ACCOUNT	7	INVESTMENT LOAN DETAILS (Including Regular Gearing Investments, if applicable)	✓
	13	DIRECT DEBIT / CREDIT REQUEST <i>x</i>	✓
TRANSFERRING MANAGED FUNDS THAT YOU ALREADY OWN AS SECURITY FOR YOUR INVESTMENT LOAN	14	TRANSFER MANAGED FUNDS Complete an Australian Standard Transfer Form (Section 16) and Statutory Declaration (Section 17) for each Fund.	✓
TRANSFERRING EXISTING MANAGED FUNDS AS SECURITY AND REFINANCING AN EXISTING INVESTMENT LOAN	14	TRANSFER MANAGED FUNDS Complete an Australian Standard Transfer Form (Section 16) and Statutory Declaration (Section 17) for each Fund.	✓
	15	INVESTMENT LOAN REFINANCING AUTHORITY <i>x</i>	✓
TRANSFERRING ASX SECURITIES THAT YOU ALREADY OWN AS SECURITY FOR YOUR INVESTMENT LOAN	Check your existing shareholder statement(s) to confirm if your securities are Issuer or CHESS sponsored		
	18	TRANSFER ASX SECURITY - ISSUER SPONSORED HOLDINGS (for Issuer-sponsored securities)	✓
	19	TRANSFER ASX SECURITY - BROKER TO BROKER TRANSFER, CHESS SPONSORED HOLDINGS (for securities that are CHESS-sponsored by another Broker)	✓

**ADDITIONAL FORM TO COMPLETE IF YOU ARE:**

A WHOLESALE CLIENT	<p><b>WHOLESALE CLIENT FORM</b> - if you meet the wholesale client criteria as set out in the form, the payment of commissions may apply. For Individual Applicants who satisfy the Sophisticated Investor (Wealth Test) wholesale client category set out in the form you are not required to provide the supporting verification documentation for the financial details you provide in this application. You must complete the Wholesale Client Form available from the CommSec Adviser Services website and provide the necessary documentation.</p>	✓
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**ABOUT THIS APPLICATION FORM**

- In this application form words in *italics* are defined words which have the same meaning as in the CALIA+ Terms and Conditions

**ADVISER DETAILS**

**COMPULSORY**

CLIENT ADVISER NUMBER (CAN)

(If an existing adviser with CommSec Adviser Services)

TITLE

ADVISER'S GIVEN NAME(S)

ADVISER'S SURNAME




**If you have a CAN but you do not have CALIA+ accreditation please complete Section 1A.**

**If you do not have a CAN, or if your details have changed, please complete Sections 1A and 1B.**

**If you require assistance please contact us on 1800 252 351.**

**1A - AUSTRALIAN CREDIT LICENCE (ACL) DETAILS**

LICENCED DEALER GROUP NAME

(ACL Holder (the "Licensee"))

CREDIT REPRESENTATIVE NUMBER \*

\* The credit representative number is different from the Authorised Representative Number provided to an AFS Licensee

**1B - DEALER GROUP / AUSTRALIAN FINANCIAL SERVICES LICENCE (AFSL) DETAILS**

**If you do not have a CAN, please attach these documents:**

**Authorised Representative Certificate**

**Original Certified Copy of Primary Photographic Identification** (See Section 21 and 22) (identification may also be sighted by a CommSec Adviser Services Business Development Manager)

LICENCED DEALER GROUP NAME

(AFSL Holder (the "Licensee"))

AUTHORISED REPRESENTATIVE NUMBER

**ADVISER COMPANY DETAILS**

FULL COMPANY NAME (as registered by ASIC)



ABN

ACN (tick as appropriate)

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REGISTERED ADDRESS OF BUSINESS

  


**ADVISER DETAILS**

OTHER NAMES COMMONLY KNOWN BY

DATE OF BIRTH

STREET ADDRESS (must be an Australian address. Cannot be a PO Box)

  


STATE

POSTCODE

POSTAL ADDRESS (if same as street address write 'As above')

  


STATE

POSTCODE

BUSINESS PHONE

BUSINESS FAX

MOBILE PHONE

E-MAIL ADDRESS

**ADVISER DETAILS**

**COMPULSORY**

**ALL ADVISERS - PLEASE REVIEW AND SIGN**

By completing this section, I acknowledge and declare that:

- I hold a current Australian Financial Services Licence (AFSL) with appropriate and relevant authorisations, OR I am authorised to represent a licensee with appropriate and relevant licence conditions of whom you have been notified; and
- I hold a current Australian Credit Licence (ACL), OR I am authorised to engage in credit activity on behalf of a licensee of whom you have been notified; and
- I understand that upfront or ongoing commissions are not payable unless the Borrower(s) meets the wholesale client criteria as set out in the Wholesale Client Form (available from the CommSec Adviser Services website). Where this applies I confirm I have verified the necessary documentation that will accompany the completed Wholesale Client Form as supporting evidence of the Borrower(s)'s wholesale client status; and
- I have explained the risks of CALIA+ to the Borrower(s) and drawn their attention specifically to the 'CALIA+ Risk Disclosure Statement' in Section 9 of this form; and
- I have informed the client that valuations may be required for some or all of the properties being offered as security for this Facility and applicable fees will be debited from the nominated account in Section 4; and
- CommSec Adviser Services will rely on the information contained in this application form and any supporting documents as the basis of a credit assessment; and
- I understand that additional information may be requested at CommSec Adviser Services' discretion; and

If the Borrower(s) are applying for a Investment Loan Sub-account, I further declare that:

- I have provided the CommSec Adviser Services Investment Loan Product Disclosure Statement to the Borrower(s) of this CALIA+ Facility; and
- I have provided the Financial Services Guide issued by my AFSL licensee to the Borrower(s) of this CALIA+ Facility, together with any other Financial Services Guides required to be given to the Borrower(s).

**UPFRONT COMMISSION NOMINATION FOR WHOLESALE CLIENTS**

Where your client meets the wholesale client criteria, please tick the box below to indicate if upfront commission will be payable.

**A Wholesale Client Form (available from the CommSec Adviser Services website) must be completed and submitted with the necessary documentation provided for commission to be payable.**

My client meets the wholesale client criteria and I will be taking an upfront commission on this Facility and have nominated a sub-account for the application fee to be debited in Section 4 of this application

**ADVISER LOAN**

Tick if you are the borrower, and to acknowledge that you agree to the following;

- I declare that I am the borrower listed in this loan application, and agree that the Adviser rate will be applied to all variable / fixed / investment loan sub-accounts within this Facility regardless of the interest rate designation in other sections of this form.

**ADVISER SIGNATURE**

**DATE**

APPLICANT DETAILS

COMPULSORY

For Trust applications, Trustee 1 is nominated to receive Margin Calls on behalf of the Trust

PLEASE TICK

BORROWER 1       DIRECTOR 1       TRUSTEE 1       GUARANTOR 1

TITLE      GIVEN NAME(S)      SURNAME

          

OTHER NAMES KNOWN BY      GENDER      DATE OF BIRTH

      M       F      DD / MM / YYYY

RESIDENTIAL ADDRESS (must be an Australian address. Cannot be a PO Box)

STATE      POSTCODE

POSTAL ADDRESS (if same as residential address write 'As above')

STATE      POSTCODE

TAX RESIDENCY INFORMATION

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.)

**List all your countries of tax residency and your TIN for that country or if no TIN is available, please select a reason code.**

If you have listed Australia as a country of tax residency, please insert reason code C in the TIN column.

If you are a US citizen or resident, you must include USA as a country of tax residency.

AUSTRALIA       COUNTRY(S) OTHER THAN AUSTRALIA

COUNTRY/IES OF TAX RESIDENCY Please provide all country/ies of tax residency.	TAX IDENTIFICATION NUMBER (TIN) Please provide either TIN or select Reason Code for no TIN for each Country of Tax Residency.  <b>REASON CODE FOR NO TIN</b> A. My country of tax residency does not issue TINs B. I have not been issued with a TIN by its country of tax residency C. My country of tax residency does not require disclosure of a TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PLEASE TICK YOUR PREFERRED CONTACT NUMBER

HOME       WORK PHONE       FAX       MOBILE PHONE\*

( )      ( )      ( )     

E-MAIL ADDRESS\*      \*As a minimum please provide your e-mail address and mobile phone number

MARITAL STATUS

MARRIED       DE FACTO       SINGLE       OTHER

EMPLOYMENT DETAILS

EMPLOYMENT TYPE

FULL TIME       PART TIME       CONTRACTOR       SELF EMPLOYED

OTHER (please describe - e.g. home duties)

APPLICANT DETAILS

COMPULSORY

JOB CATEGORY\*\* (MANDATORY)

JOB TYPE\*\* (MANDATORY)

\*\* refer to Job and Industry Classifications List available on the website for a list of acceptable Job Categories and Type

PROPOSED RETIREMENT AGE

CURRENT EMPLOYERS NAME

LENGTH OF SERVICE

START DATE DD/MM/YY

PREVIOUS EMPLOYERS NAME (if current employer less than 2 years)

LENGTH OF SERVICE

START DATE DD/MM/YY

END DATE DD/MM/YY

If you are self employed

BUSINESS NAME

NATURE OF BUSINESS



ABN

ACN (tick as appropriate)

LENGTH OF SELF EMPLOYMENT

YEARS

MONTHS

TAX FILE NUMBER

Quoting your TFN or TFN exemption is not obligatory, but by law we must deduct tax from interest where a TFN or TFN exemption has not been quoted on an account, or where interest is credited to an account of a non-resident.

IDENTIFICATION - CHOOSE ONE OF THE TWO IDENTIFICATION OPTIONS BELOW

OPTION

1

EXISTING COMMONWEALTH BANK ACCOUNT OR CREDIT CARD  
(NOT AVAILABLE FOR CLIENTS IN WESTERN AUSTRALIA)

Do you have an existing Commonwealth Bank Account or Credit Card?  Y  N If NO go to Option 2

If YES, please provide your bank account or Credit Card details

BANK STATE BRANCH (BSB)

ACCOUNT NUMBER



ACCOUNT NAME

CREDIT CARD NUMBER

OPTION

2

OTHER IDENTIFICATION

To ensure we meet Government Legislative requirements we are required by law to identify applicants.

Applicants (individuals, directors, trustees or additional signatories) that DO NOT have an existing Commonwealth Bank Account or Credit Card, or are applying for a facility involving a property in Western Australia need to supply an original **CERTIFIED** photocopy of an acceptable identification document(s). Acceptable identification documentation is shown in Section 22.

For Trusts, we also require a **CERTIFIED** copy of extract of the Trust Deed. The extract should include the page(s) which shows: the Trust name, name(s) of Trustee(s), signature(s) of trustee(s) with witnesses' signatures, date of execution, names of Beneficiary(s), name(s) of Settlor and settled sum.

The list of eligible persons who are allowed to certify identification is shown in Section 21.

**How should the identification documentation be CERTIFIED?**

The certified photocopy must include a statement "I certify that this is a true copy of the original document" (or similar wording). The certifier must also include their **full name, signature** and **qualification or occupation** which makes them eligible on the photocopied ID.

Please **DO NOT** attach original identification documents. Send only original **CERTIFIED** photocopies of original documents.

APPLICANT DETAILS

COMPULSORY

For Trust applications, Trustee 1 is nominated to receive Margin Calls on behalf of the Trust

PLEASE TICK

BORROWER 2       DIRECTOR 2       TRUSTEE 2       GUARANTOR 2

TITLE      GIVEN NAME(S)      SURNAME

          

OTHER NAMES KNOWN BY      GENDER      DATE OF BIRTH

      M  F      DD / MM / YYYY

RESIDENTIAL ADDRESS (must be an Australian address. Cannot be a PO Box)  TICK if same as Applicant 1

STATE      POSTCODE

POSTAL ADDRESS (if same as residential address write 'As above')  TICK if same as Applicant 1

STATE      POSTCODE

TAX RESIDENCY INFORMATION

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.)

**List all your countries of tax residency and your TIN for that country or if no TIN is available, please select a reason code.**

If you have listed Australia as a country of tax residency, please insert reason code C in the TIN column.

If you are a US citizen or resident, you must include USA as a country of tax residency.

AUSTRALIA       COUNTRY(S) OTHER THAN AUSTRALIA

COUNTRY/IES OF TAX RESIDENCY Please provide all country/ies of tax residency.	TAX IDENTIFICATION NUMBER (TIN) Please provide either TIN or select Reason Code for no TIN for each Country of Tax Residency.
	<b>REASON CODE FOR NO TIN</b> A. My country of tax residency does not issue TINs B. I have not been issued with a TIN by its country of tax residency C. My country of tax residency does not require disclosure of a TIN

PLEASE TICK YOUR PREFERRED CONTACT NUMBER

HOME       WORK PHONE       FAX       MOBILE PHONE\*

( )      ( )      ( )     

E-MAIL ADDRESS\*

\*As a minimum please provide your e-mail address and mobile phone number

MARITAL STATUS

MARRIED       DE FACTO       SINGLE       OTHER



APPLICANT DETAILS

COMPULSORY

EMPLOYMENT DETAILS

EMPLOYMENT TYPE

FULL TIME       PART TIME       CONTRACTOR       SELF EMPLOYED

OTHER (please describe - e.g. home duties)

JOB CATEGORY\*\* (MANDATORY)

JOB TYPE\*\* (MANDATORY)

\*\* refer to Job and Industry Classifications List available on the website for a list of acceptable Job Categories and Types.

CURRENT EMPLOYERS NAME

LENGTH OF SERVICE

YEARS     MONTHS

PREVIOUS EMPLOYERS NAME (if current employer less than 2 years)

LENGTH OF SERVICE

YEARS     MONTHS

If you are self employed

BUSINESS NAME

NATURE OF BUSINESS

ABN     ACN (tick as appropriate)

LENGTH OF SELF EMPLOYMENT

YEARS     MONTHS

TAX FILE NUMBER

Quoting your TFN or TFN exemption is not obligatory, but by law we must deduct tax from interest where a TFN or TFN exemption has not been quoted on an account, or where interest is credited to an account of a non-resident.

IDENTIFICATION - CHOOSE ONE OF THE TWO IDENTIFICATION OPTIONS BELOW

OPTION 1 EXISTING COMMONWEALTH BANK ACCOUNT OR CREDIT CARD

Do you have an existing Commonwealth Bank Account or Credit Card?  Y     N    If NO go to Option 2

If YES, please provide your bank account or Credit Card details

BANK STATE BRANCH (BSB)    ACCOUNT NUMBER

ACCOUNT NAME

CREDIT CARD NUMBER

OPTION 2 OTHER IDENTIFICATION

To ensure we meet Government Legislative requirements we are required by law to identify applicants.

Applicants (individuals, directors, trustees or additional signatories) that DO NOT have an existing Commonwealth Bank Account or Credit Card need to supply an original **CERTIFIED** photocopy of an acceptable identification document(s). Acceptable identification documentation is shown in Section 22.

For Trusts, we also require a **CERTIFIED** copy of extract of the Trust Deed. The extract should include the page(s) which shows: the Trust name, name(s) of Trustee(s), signature(s) of trustee(s) with witnesses' signatures, date of execution, names of Beneficiary(s), name(s) of Settlor and settled sum.

The list of eligible persons who are allowed to certify identification is shown in Section 21.

**How should the identification documentation be CERTIFIED?**

The certified photocopy must include a statement "I certify that this is a true copy of the original document" (or similar wording). The certifier must also include their **full name, signature** and **qualification or occupation** which makes them eligible on the photocopied ID.

Please **DO NOT** attach original identification documents. Send only original **CERTIFIED** photocopies of original documents.



APPLICANT FINANCIAL DETAILS

COMPULSORY - INDIVIDUALS AND TRUSTEES

CommSec Adviser Services require this information to assess whether the limit you are applying for is not unsuitable. Please complete this section accurately. **You will be required to provide the supporting verification documentation as described in Section 20 Required Supporting Documents for the income, asset and commitment values you enter below.** Where any fields are not relevant for the applicant please enter the amount of zero dollars (0) or not applicable (N/A).

HOUSEHOLD INFORMATION

Please enter the number of 'Households' plus the number of adults and dependants residing in each household that are associated with this application. A 'Household' is defined as *residences that are for non-investment purpose*. If the applicants reside in more than 3 households, please photocopy this sheet and provide the additional details separately. Enclose the additional copy with the application.

NUMBER OF HOUSEHOLDS THE BORROWER(S) RESIDE IN	NUMBER OF ADULTS	NUMBER OF DEPENDANTS
HOUSEHOLD 1		
HOUSEHOLD 2		
HOUSEHOLD 3		

INCOME (Gross monthly)

	BORROWER 1	BORROWER 2
MONTHLY SALARY / PENSION INCOME (Pre-tax)	\$	\$
MONTHLY INVESTMENT INCOME (e.g. dividends)	\$	\$
RENTAL INCOME	\$	\$
OTHER INCOME (Must be detailed below in order to be considered)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>TOTAL</b>	\$	\$

ASSETS (all borrowers)

	DETAILS OF WHAT YOU OWN	ESTIMATED VALUE
RESIDENTIAL PROPERTY	e.g. 1 High Street, Anytown, NSW 2222	\$
		\$
INVESTMENT PROPERTY		\$
		\$
		\$
MOTOR VEHICLES		\$
INVESTMENTS (e.g. shares / managed funds)		\$
CASH		\$
SUPERANNUATION		\$
LIFE ASSURANCE (Total sum assured)		\$
OTHER INVESTMENTS / ASSETS (Must be detailed in order to be considered)		\$
		\$
		\$
		\$
		\$
<b>TOTAL ASSETS</b>		\$

**APPLICANT FINANCIAL DETAILS**

**COMPULSORY - INDIVIDUALS AND TRUSTEES**

**LIABILITIES / COMMITMENTS** (All borrowers)

	<b>FINANCIAL INSTITUTION</b>	<b>CREDIT LIMIT</b>	<b>BALANCE OWING</b>	<b>MONTHLY (actual) REPAYMENT / COMMITMENTS</b>	<b>REFINANCE* from sub-account</b>
MORTGAGES (Personal)		\$	\$	\$	#
MORTGAGES (Residential Investment)		\$	\$	\$	#
CREDIT / STORE CARDS		\$	\$	\$	#
		\$	\$	\$	#
		\$	\$	\$	#
		\$	\$	\$	#
LEASES, HP, PERSONAL & CAR LOANS		\$	\$	\$	#
INVESTMENT LIABILITIES Investment Loan, Protected Loan, etc.		\$	\$	\$	#
LIVING EXPENSES This should include food, clothing, education, utilities etc, excluding any commitments that have already been separately provided.				\$	
RENTAL PAYMENTS				\$	
OTHER COMMITMENTS / LIABILITIES These should include HECS / HELP repayments, child support payments, and any other regular financials commitments.		\$	\$	\$	#
		\$	\$	\$	#
		\$	\$	\$	#
		\$	\$	\$	#
<b>TOTAL LIABILITIES / COMMITMENTS</b>		\$	\$	\$	

**\* REFINANCES**

- If the loan is to be refinanced by your CALIA+ facility, please indicate which Sub-account the funds should be drawn from above.
- You are not able to refinance commercial/business loans.
- You **must** complete the following

Are there exit costs that apply to the loan(s) that you are refinancing?

Y Yes  N No

What are the exit costs of the loan(s) that you are refinancing?

\$



CALIA+ FACILITY SUMMARY

COMPULSORY

**FEES**

Refer to the CommSec Adviser Services website for current CALIA+ fee schedule

APPLICATION FEE (if applicable)	Debit Sub-account No.	#
VALUATION FEE(S)	Debit Sub-account No.	#
TRUST INVESTIGATION FEE (if applicable)	Debit Sub-account No.	#

**REPAYMENT PLAN**

How do you intend to repay the Facility? (You must tick at least one)

PRINCIPAL AND INTEREST (Regular repayments from income)

SALE OF INVESTMENT(S) (Only available for residential property used for investment purposes and used as security for this loan)

**CONCESSIONS**

TYPE OF CONCESSIONS

AMOUNT	INTEREST RATE CONCESSION	FINAL INTEREST RATE
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

Confirmation of any concession must be attached to the application form

**CALIA+ VARIABLE LINE OF CREDIT (There must be at least one variable line of credit sub-account)**

**SUB ACCOUNT 1**

CREDIT LIMIT REQUESTED (minimum \$1,000)

TRAIL COMMISSION NOMINATION FOR WHOLESALE CLIENTS

If you are a wholesale client, please tick the box below to indicate if ongoing trail commission will be payable. You must complete the Wholesale Client Form (available from the CommSec Adviser Services website) and provide the necessary documentation for commission to be payable.

Trail Commission

PREDOMINANT PURPOSE (tick one box)

Personal       Residential investment       Financial Product investments (e.g. Shares / Managed Funds)

BORROWER NAME(S)

GIVEN NAME(S)

SURNAME

GIVEN NAME(S)

SURNAME

**ACCOUNT OPTIONS**

NEW ACCOUNT (tick all that apply)

Cheque book     Issue new ATM / EFTPOS card     NetBank     **ALL** to sign (joint accounts only - default is **ANY** to sign). EFTPOS / NetBank not available if 'All to sign'

OR

EXISTING COMMONWEALTH BANK ACCOUNT

Link to existing Commonwealth Bank KeyCard  
**CARD NO:**

Link Account to Existing NetBank User ID  
**USER ID:**

Debit interest to CALIA+ Variable Sub-account number: #

**CALIA+ FACILITY SUMMARY**

**COMPULSORY**

**SUB ACCOUNT 2**

CREDIT LIMIT REQUESTED (minimum \$1,000)

**TRAIL COMMISSION NOMINATION FOR WHOLESALE CLIENTS**

If you are a wholesale client, please tick the box below to indicate if ongoing trail commission will be payable. You must complete the Wholesale Client Form (available from the CommSec Adviser Services website) and provide the necessary documentation for commission to be payable.

Trail Commission

PREDOMINANT PURPOSE (tick one box)

Personal       Residential investment       Financial Product investments (e.g. Shares / Managed Funds)

**BORROWER NAME(S)**

GIVEN NAME(S)

SURNAME

GIVEN NAME(S)

SURNAME

**ACCOUNT OPTIONS**

NEW ACCOUNT (tick all that apply)

Cheque book     Issue new ATM / EFTPOS card     NetBank     **ALL to sign** (joint accounts only – default is **ANY to sign**). EFTPOS / NetBank not available if 'All to sign'

OR

**EXISTING COMMONWEALTH BANK ACCOUNT**

Link to existing Commonwealth Bank KeyCard

CARD NO:

Link Account to Existing NetBank User ID

USER ID:

Debit interest to CALIA+ Variable Sub-account number:  #

**SUB ACCOUNT 3**

CREDIT LIMIT REQUESTED (minimum \$1,000)

**TRAIL COMMISSION NOMINATION FOR WHOLESALE CLIENTS**

If you are a wholesale client, please tick the box below to indicate if ongoing trail commission will be payable. You must complete the Wholesale Client Form (available from the CommSec Adviser Services website) and provide the necessary documentation for commission to be payable.

Trail Commission

PREDOMINANT PURPOSE (tick one box)

Personal       Residential investment       Financial Product investments (e.g. Shares / Managed Funds)

**BORROWER NAME(S)**

GIVEN NAME(S)

SURNAME

GIVEN NAME(S)

SURNAME

**ACCOUNT OPTIONS**

NEW ACCOUNT (tick all that apply)

Cheque book     Issue new ATM / EFTPOS card     NetBank     **ALL to sign** (joint accounts only – default is **ANY to sign**). EFTPOS / NetBank not available if 'All to sign'

OR

**EXISTING COMMONWEALTH BANK ACCOUNT**

Link to existing Commonwealth Bank KeyCard

CARD NO:

Link Account to Existing NetBank User ID

USER ID:

Debit interest to CALIA+ Variable Sub-account number:  #

CALIA+ FACILITY SUMMARY

COMPULSORY

CALIA+ FIXED LOANS

**SUB ACCOUNT 4**

CREDIT LIMIT REQUESTED (minimum \$1,000)

TRAIL COMMISSION NOMINATION FOR WHOLESALE CLIENTS

If you are a wholesale client, please tick the box below to indicate if ongoing trail commission will be payable. You must complete the Wholesale Client Form (available from the CommSec Adviser Services website) and provide the necessary documentation for commission to be payable.

Trail Commission

PREDOMINANT PURPOSE (tick one box)

Personal

Residential investment

Financial Product investments (e.g. Shares / Managed Funds)

BORROWER NAME(S)

GIVEN NAME(S)

SURNAME

GIVEN NAME(S)

SURNAME

You can choose to fix the rate of interest on this Sub-account for a period up to 5 years. (Please tick one box only)

**YOU CAN EITHER**

**1. Pay Fixed Interest in Advance** - You will be required to prepay the fixed interest on the fixed loan amount at the beginning of each year within the period (investment debt only)

**OR**

**2. Fix the Interest Rate and Pay in Arrears** - You will be required to pay the monthly fixed interest on the loan for the period over which the loan is fixed

Term  1-5 years

Debit interest to CALIA+ Variable Sub-account number:  Capitalise to fixed loan (Interest in Advance only)

**CALIA+ SECURITY SUMMARY**

**COMPULSORY**

**PROVIDE DETAILS OF THE PROPERTY OFFERED AS SECURITY FOR THE CALIA+ FACILITY**

Note: valuations will generally be required for all properties being offered as security and applicable fees will be debited from the account nominated in Section 4.

**PROPERTY 1 DETAILS**

SECURITY ADDRESS	NAME OF OWNER(S)	SECURITY TYPE (Please tick as appropriate)	OWNER'S ESTIMATED VALUE
		<input type="checkbox"/> Owner Occupied Residential <input type="checkbox"/> Other Residential <input type="checkbox"/> Rural <input type="checkbox"/> * Bulk reduction	\$

**WHO CAN PROVIDE ACCESS TO PROPERTY (IF REQUESTED) FOR VALUATION PURPOSES**

NAME	PHONE	EMAIL

**PROPERTY 2 DETAILS**

SECURITY ADDRESS	NAME OF OWNER(S)	SECURITY TYPE (Please tick as appropriate)	OWNER'S ESTIMATED VALUE
		<input type="checkbox"/> Owner Occupied Residential <input type="checkbox"/> Other Residential <input type="checkbox"/> Rural <input type="checkbox"/> * Bulk reduction	\$

**WHO CAN PROVIDE ACCESS TO PROPERTY (IF REQUESTED) FOR VALUATION PURPOSES**

NAME	PHONE	EMAIL

**PROPERTY 3 DETAILS**

SECURITY ADDRESS	NAME OF OWNER(S)	SECURITY TYPE (Please tick as appropriate)	OWNER'S ESTIMATED VALUE
		<input type="checkbox"/> Owner Occupied Residential <input type="checkbox"/> Other Residential <input type="checkbox"/> Rural <input type="checkbox"/> * Bulk reduction	\$

**WHO CAN PROVIDE ACCESS TO PROPERTY (IF REQUESTED) FOR VALUATION PURPOSES**

NAME	PHONE	EMAIL

**PROPERTY 4 DETAILS**

SECURITY ADDRESS	NAME OF OWNER(S)	SECURITY TYPE (Please tick as appropriate)	OWNER'S ESTIMATED VALUE
		<input type="checkbox"/> Owner Occupied Residential <input type="checkbox"/> Other Residential <input type="checkbox"/> Rural <input type="checkbox"/> * Bulk reduction	\$

**WHO CAN PROVIDE ACCESS TO PROPERTY (IF REQUESTED) FOR VALUATION PURPOSES**

NAME	PHONE	EMAIL

\* Property is to be used for Bulk reduction



SOLICITOR / CONVEYANCING DETAILS

IF APPLICABLE

**ONLY REQUIRED WHEN NEW PROPERTY BEING PURCHASED**

NAME OF FIRM

CONTACT NAME

BUSINESS ADDRESS

STATE

POSTCODE

POSTAL ADDRESS (IF THE SAME AS BUSINESS ADDRESS WRITE 'AS ABOVE')

STATE

POSTCODE

E-MAIL ADDRESS

BUSINESS PHONE

BUSINESS FAX

Please use the table below to illustrate that you have sufficient funds for settlement

**FUNDS AVAILABLE FOR PURCHASE**

Amount of this Loan	\$	<input type="text"/>
Net Sale Proceeds	\$	<input type="text"/>
Cash / Savings	\$	<input type="text"/>
Deposit already paid	\$	<input type="text"/>

Other Funds  
(must be detailed below in order to be considered)

<input type="text"/>	\$	<input type="text"/>
----------------------	----	----------------------

**TOTAL AVAILABLE ( A )**

\$	<input type="text"/>
----	----------------------

**NET POSITION ( A - B )**

\$	<input type="text"/>
----	----------------------

**FUNDS REQUIRED FOR PURCHASE**

Purchase Price	\$	<input type="text"/>
Legal Fees	\$	<input type="text"/>
Stamp Duty	\$	<input type="text"/>
Repayment of Existing Loans	\$	<input type="text"/>

Other Costs  
(please provide details below)

<input type="text"/>	\$	<input type="text"/>
----------------------	----	----------------------

**TOTAL REQUIRED ( B )**

\$	<input type="text"/>
----	----------------------

**Note:** Net position cannot be negative as it indicates that funds available to purchase the property are not sufficient



INVESTMENT LOAN DETAILS

IF APPLICABLE

CREDIT LIMIT

LIMIT REQUESTED (minimum \$20,000)

\$

Ensure that the credit limit is sufficient for the initial loan advance, based on any initial investments including regular gearing payments, capitalised interest and applicable fees.

TRAIL COMMISSION NOMINATION FOR WHOLESALE CLIENTS

If you are a wholesale client, please tick the box below to indicate if ongoing trail commission will be payable. You must complete the Wholesale Client Form (available from the CommSec Adviser Services website) and provide the necessary documentation for commission to be payable.

Trail Commission

BORROWER NAME(S)

GIVEN NAME(S)

SURNAME

GIVEN NAME(S)

SURNAME

OR ENTITY NAME

INVESTMENT LOAN VARIABLE INTEREST PAYMENT DETAILS

Your investment loan balance will incur the standard variable interest rate on any drawn balance that is not fixed by you. The monthly standard variable interest that is accrued will be capitalised to the loan if you do not make an election below.

How do you want to pay your monthly interest?

Debit interest to CALIA+ Variable Sub-account number:

By Direct Debit from another bank account. You must complete the Direct Debit Authority in Section 13.

Capitalise interest to the loan balance

FIXED INTEREST RATE OPTION - IF APPLICABLE

By completing this section, you can choose to fix the rate of interest on all or part of your Investment Loan for a period up to 5 years.

YOU CAN EITHER

**1. Pay Fixed Interest in Advance** - You will be required to prepay the fixed interest on the fixed loan amount at the beginning of each year within the period (investment debt only)

OR

**2. Fix the Interest Rate and Pay in Arrears** - You will be required to pay the monthly fixed interest on the loan for the period over which the loan is fixed

Loan amount to be fixed \$

OR

Tick to fix the whole loan amount for the specified period

Term	In Advance	OR	In Arrears
One Year Fixed	<input type="checkbox"/>	(Please tick one box only)	<input type="checkbox"/>
Two Years Fixed	<input type="checkbox"/> †		<input type="checkbox"/>
Three Years Fixed	<input type="checkbox"/> †		<input type="checkbox"/>
Five Years Fixed	<input type="checkbox"/> †		<input type="checkbox"/>

**PAYMENT OPTION** Please specify how fixed interest is to be paid (tick one box):

Debit interest to CALIA+ variable Sub-account Number:

Direct Debit - I have completed the Direct Debit Request Form

Capitalise interest to the Fixed Investment Loan account<sup>β</sup> (only applicable if you are paying fixed interest in advance)

Capitalise interest to the Variable Investment account (only applicable if you are paying fixed interest in advance)

† Subsequent year payments will become due one month prior to the end of each 12 month anniversary of the initial loan fix date. A roll-over letter will be sent to you.

β Interest will be capitalised as part of the fixed loan balance and will be charged based on the selected fixed term and rate. The credit limit requested must be sufficient to absorb fixed interest accruals.

**Note:** Interest rates are subject to change without notice. Refer to the Terms & Conditions.



INVESTMENT LOAN DETAILS

IF APPLICABLE

INVESTMENTS DETAILS

OPTION 1 INITIAL INVESTMENT INSTRUCTIONS

**NEW MANAGED FUND / PLATFORM INVESTMENTS (inc. Regular Gearing) and / or TRANSFERRING EXISTING SECURITIES**

Please complete Section below – Source of Funds for Initial Investments. Please complete the Investment Lending Acknowledgement on Page 19 (or Page 20 for Company borrowers / trustees)

OR

OPTION 2 INVESTMENT LOAN REFINANCE

**FULL / PARTIAL REFINANCE OF AN EXISTING INVESTMENT LOAN**

Please complete the Investment Lending Acknowledgements on Page 19 (or Page 20 for Company borrowers / trustees). Please go to the Investment Loan Refinancing Authority in Section 15

OR

OPTION 3 SETTLE AT ZERO BALANCE

**NO INITIAL INVESTMENTS OR SECURITIES** Your investment loan will be opened with the approved credit limit and with an initial loan balance of zero. You can add securities later. Please complete the Investment Lending Acknowledgements on Page 19 (or Page 20 for Company borrowers / trustees)

SOURCE OF FUNDS FOR INITIAL INVESTMENTS

Complete this section to provide a summary of the source of funds for the initial investments you are applying to execute using your CALIA+ Investment Loan. Do not complete this section if you are refinancing a Investment Loan with another lender, unless you are contributing additional security that is not collateral for your existing Investment Loan; only additional security should be included in this section.

**INITIAL INVESTMENT LOAN INVESTMENTS WILL BE FUNDED BY**

Initial Cash Contribution A. \$

Debit from CALIA+ Sub-account number: #

Initial Investment Loan Advance B. \$

**INITIAL INVESTMENT LOAN INVESTMENT ALLOCATION**

Total New Investment Amount A+B \$

**Note:** This total must correspond to the sum of initial investments in the enclosed managed fund / platform application form(s)

**TRANSFER FINANCIAL PRODUCTS YOU ALREADY OWN TO YOUR INVESTMENT LOAN**

Existing Managed Fund Investments C. \$

Complete Section 14. Transfer Managed Funds

Existing Direct Equities Investments (CHESS Sponsored) D. \$

Complete Section 19. Transfer ASX Security – Broker to Broker Transfer, CHESS Sponsored Holdings

Existing Direct Equities Investments (Issuer Sponsored) E. \$

Complete Section 18. Transfer ASX Security – Issuer Sponsored Holdings

**ACKNOWLEDGEMENTS:**

By completing this section you agree that;

- We will execute the initial investment instructions according to the fund manager / platform application forms enclosed with this application;
- You have read and agree to the Investment Allocation statements above;
- You have attached the relevant managed fund / platform application form(s) (including Adviser Stamp) to facilitate this investment;

INVESTMENT LOAN DETAILS

IF APPLICABLE

REGULAR GEARING INVESTMENTS

Monthly contributions will be processed on or about the 13th day of the month. All loan advances will be processed on or about the 15th day of each month.

The first regular gearing instalment will be fulfilled once we have successfully processed the investment loan application.

Monthly Cash Contribution F. \$  Debit from CALIA+ sub-account number:

Monthly Investment Loan Advance G. \$

MONTHLY INVESTMENT LOAN INVESTMENT ALLOCATION

Total New Investment Amount F+G \$  **Note:** This total must correspond to the sum(s) indicated in the regular investment section of the enclosed managed fund / platform application form(s)

Do you wish to defer commencement of regular gearing?  Y  N If Yes, please nominate a regular gearing deferred start date (month)  MM / YYYY

ACKNOWLEDGEMENTS:

- The gearing level of regular gearing investments payments (if applicable) will be based on the ratio calculated by G / (F + G);
- You have verified that the nominated regular gearing securities are presently on CommSec Adviser Services' Accepted Managed Funds list with a *Borrowing Limit* >0%;
- You are aware that the date of investment will be determined by the relevant investment manager;
- You have completed the Direct Debit Request Form;
- You have checked the initial contribution requirements for the funds in which you are applying to make regular monthly contributions;
- You have checked the minimum initial contribution requirements and minimum monthly investment amounts for the funds in which you are applying to make regular monthly contributions (most funds require minimum initial and monthly investments);
- Fund manager / platform application forms that are not enclosed with this application will not be considered for initial investments.

INVESTMENT LENDING ACKNOWLEDGEMENTS - INDIVIDUAL BORROWERS & TRUSTEES

Mandatory - this section must be completed by all individual borrowers and individual trustees of Trust borrowers

	BORROWER 1 / TRUSTEE 1	BORROWER 2 / TRUSTEE 2
<b>1. BORROWING TO INVEST</b>		
• Have you borrowed any money to provide loan collateral for this investment loan?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• If yes, is any of that money secured against your primary residential property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• If yes, what is the amount borrowed against the primary residential property?	\$ <input type="text"/>	\$ <input type="text"/>
<b>2. YOUR RESPONSIBILITIES: Are you aware that;</b>		
• You are responsible for managing and regularly monitoring your investment loan (in conjunction with your Adviser if applicable)	<input type="checkbox"/> I UNDERSTAND & ACCEPT	<input type="checkbox"/> I UNDERSTAND & ACCEPT
• You are required to clear any Margin Call in line with the facility terms		
• You must have reserve liquid capital (cash or securities) as an option to cover any Margin Call that occurs at short notice, otherwise we may be required to sell all or part of the Financial Products securing your Loan		
• You are personally liable for all amounts outstanding on your Loan irrespective of the Financial Products held		
<b>3. INVESTMENT LENDING RISKS: Are you aware that;</b>		
• Investment lending risks include, but are not limited to, movements in the Market Value of the Financial Products securing the Loan and Interest Rate movements	<input type="checkbox"/> I UNDERSTAND & ACCEPT	<input type="checkbox"/> I UNDERSTAND & ACCEPT
• At any time, at our discretion, we may change the Lending Value applying to any of the Financial Products securing the Loan (even to zero), possibly triggering a Margin Call		
<b>4. MARGIN CALLS: Are you aware that;</b>		
• We will take reasonable steps to contact you in the event of a Margin Call by phone call, SMS alert or e-mail	<input type="checkbox"/> I UNDERSTAND & ACCEPT	<input type="checkbox"/> I UNDERSTAND & ACCEPT
• The Financial Products securing your Loan may need to be sold to clear the Margin Call without reference to you		
• If the gearing level on your Loan exceeds the Maximum Gearing Ratio (at any given time) a Margin Call will be triggered		

INVESTMENT LOAN DETAILS

IF APPLICABLE

INVESTMENT LENDING ACKNOWLEDGEMENTS - COMPANY BORROWERS & TRUSTEES

**Mandatory - this section must be completed by Directors of Company Borrowers & Company Trustees**

**1. BORROWING TO INVEST**

- Have you or your company borrowed any money to provide loan collateral for this investment loan?
- If yes, is any of that money secured against your primary residential property?
- If yes, what is the amount borrowed against the primary residential property?

**DIRECTOR 1**

YES  NO

YES  NO

\$

**DIRECTOR 2**

YES  NO

YES  NO

\$

**2. YOUR RESPONSIBILITIES: Are you aware that;**

- The company is responsible for managing and regularly monitoring the investment loan (in conjunction with *your Adviser* if applicable)
- The company is required to clear any *Margin Call* in line with the facility terms
- The company must have reserve liquid capital (cash or securities) as an option to cover any *Margin Call* that occurs at short notice, otherwise we may be required to sell all or part of the *Financial Products* securing your *Loan*
- The company is liable for all amounts outstanding on your *Loan* irrespective of the *Financial Products* held

I UNDERSTAND & ACCEPT

I UNDERSTAND & ACCEPT

**3. INVESTMENT LENDING RISKS: Are you aware that;**

- Investment lending risks include, but are not limited to, movements in the **Market Value** of the *Financial Products* securing the *Loan* and *Interest Rate* movements
- At any time, at *our* discretion, we may change the *Lending Value* applying to any of the *Financial Products* securing the *Loan* (even to zero), possibly triggering a *Margin Call*

I UNDERSTAND & ACCEPT

I UNDERSTAND & ACCEPT

**4. MARGIN CALLS: Are you aware that;**

- We will take reasonable steps to contact the Company in the event of a *Margin Call* by phone call, SMS alert or e-mail
- The *Financial Products* securing the company's *Loan* may need to be sold to clear the *Margin Call* without reference to the company
- If the gearing level on the company's *Loan* exceeds the *Maximum Gearing Ratio* (at any given time) a *Margin Call* will be triggered

I UNDERSTAND & ACCEPT

I UNDERSTAND & ACCEPT

**NOMINATION TO RECEIVE NOTICES**

IF APPLICABLE

Under the National Consumer Credit Protection Act 2009 "Code" and Regulation 111 of the National Consumer Credit Protection Regulation 2010, each joint debtor and each joint guarantor is entitled to receive their own copy of any notice or other document required by the Code to be given to the debtors or guarantors.

If you complete and sign the form of nomination below, you:

- give up the right to be provided with information direct from the Bank; and
- can advise the Bank at any time in writing that you wish to cancel your nomination.

**NOMINATION BY JOINT BORROWERS**

To Commonwealth Bank of Australia

I/WE NOMINATE (Print full name of the borrower you nominate)

to receive notices and other documents under the National Credit Code on behalf of me / all of us

**BORROWER 1**

PRINT FULL NAME

SIGNATURE

x

DATE

**BORROWER 2**

PRINT FULL NAME

SIGNATURE

x

DATE

**Note:** You can only nominate one person to receive notices and other documents on your behalf if you **all** live at the same address.

**NOMINATION BY JOINT GUARANTORS**

To Commonwealth Bank of Australia

I/WE NOMINATE (Print full name of the guarantor you nominate)

to receive notices and other documents under the National Credit Code on behalf of me / all of us

**GUARANTOR 1**

PRINT FULL NAME

SIGNATURE

x

DATE

**GUARANTOR 2**

PRINT FULL NAME

SIGNATURE

x

DATE

**Note:** You can only nominate one person to receive notices and other documents on your behalf if you **all** live at the same address.

**CALIA+ FACILITY STATEMENT DELIVERY**

CALIA+ facility statements are made available free of charge in electronic format to all Borrowers who provide us with a valid email address.

You should check your emails regularly and ensure your email address is always kept up to date.

Should **you prefer** to receive paper statements instead of electronic statements, you can do so by ticking the box below:

Yes, I/we would like to receive paper statements



**BORROWER DECLARATIONS & SIGNATURES**

**COMPULSORY**

**RISK DISCLOSURE STATEMENT**

This statement must be read and signed by each borrower at the time of application.

**GENERAL**

Before you apply to borrow, you must consider:

- whether the Facility is right for you;
- the risks associated with the Facility;
- if applicable, the risks involved in investing, **in particular the market value of any proposed investment**; and
- how you intend to repay the Facility and what may occur if you are unable to repay the Facility.

**In every case, we (the Bank) strongly suggest that you obtain independent legal advice and specific professional advice:**

- to better understand the risks and the way in which you can manage those risks;
- if applicable, on the market value of the proposed investment and anticipated benefits, especially if you are not familiar with the local market;
- regarding the taxation implications of the Facility, including whether you can deduct interest incurred by you on the Facility.

**KEY RISKS OF THIS FACILITY**

You and your advisers should, as a minimum, be aware of the following risks:

KEY RISKS	WHAT DOES THIS MEAN?
Assessing your application	We will assess your capacity to service and repay the Facility based on the information you give us, as well as the total security to be provided to us. Any security valuation we obtain will not be disclosed to you
Investment decisions	You are responsible for deciding what to invest in. We do not recommend any investments, and will not give any opinion on the performance of investments, even if we are willing to lend money against those investments.
Market and investment volatility	The market value of your investment/s may fall impacting your ability to repay the Facility.
Variable interest rate	Variable interest rates may change depending on the Bank's funding costs and forward market rates. The interest rate is not linked to the RBA Target Cash Rate, therefore the interest rate may change independently of changes in the RBA Target Cash Rate.
Fixed interest rate	The fixed interest rate will not change during the Fixed Rate period which means you will be protected from any interest rate rises but you won't benefit from any interest rate decreases. If you partially or fully repay a fixed rate loan you may be charged an early repayment adjustment and administration fee.
Income may fluctuate	Income from your business or investment(s) may fluctuate impacting your ability to service the loan repayments and interest on the Facility.
Repayment of the facility	You have sole responsibility for deciding how to repay the loan. You must ensure you have sufficient surplus capacity to ensure an ongoing ability to repay the facility should your circumstances change. We do not recommend a particular repayment plan.  This is an interest only facility; therefore principal repayments are not mandatory. If at the end of the loan term, you still have not paid down the loan, you may be required to sell some or all of your assets in order to repay the loan. You may therefore need to progressively pay down the loan over the loan term unless it is your intention to sell assets to repay your loan Variable rate Sub-accounts are repayable on demand and are also subject to annual review by the Bank.
Responsibility of co-borrower and guarantor	If there are a number of borrowers, you will be liable as a co-borrower or guarantor, for the other borrowers' obligations to the Bank. If one of these co-borrowers is unable to repay their debt, you as a guarantor may be required to repay this debt.  One consolidated statement is sent to all borrowers which means you need to be comfortable with all the other borrowers in the facility viewing the transactions on your sub-accounts.
Investment Loans	If the sum of all borrowing equals or exceeds a certain percentage of the overall portfolio lending value we may make a Margin Call. You cannot just "wait out" any downturns in the market. You will have limited time to deal with any Margin Call, by either repaying to us enough of the Facility or giving us more security. If you fail to act within the time periods specified, then some of your securities may be sold in order to reduce the amount owing to an amount that does not exceed the portfolio lending value.  We may at any time remove an investment from our list of accepted securities. If we do, we will not then advance any further monies to enable you to acquire that investment and we will discount to zero the lending value of any such securities you hold which, in some circumstances, could result in us making a Margin Call.

## BORROWER DECLARATIONS & SIGNATURES

COMPULSORY

### IN THIS DOCUMENT:

- “you” includes individual borrowers and any person who holds office in an entity which is a borrower.
- “your” means belonging to you.
- “we”, “us” or “Bank” means Commonwealth Bank of Australia ABN 48 123 123 124 and its agents.
- “our” means belonging to us.
- “Group” means us and our subsidiaries.
- “Your information” means information about you or your entity.
- words indicating the singular number include the plural number and vice versa;

### Continuing Authority - Borrowers and Directors of Corporate Borrowers

All consents, acknowledgements and authorities in this Acknowledgement and Consent remain in force to cover this and any other application by you (either by yourself or with others - including persons who have not signed this form). It continues for as long as we provide credit to you or your company under any facility.

### Continuing Authority - Guarantors and Directors of Corporate Guarantors

All consents, acknowledgements and authorities in this acknowledgement and consent remain in force for so long as the Facility you have or your company has guaranteed remains current.

## COMMISSION DISCLOSURE FOR WHOLESALE CLIENTS

### YOU ARE AWARE THAT:

- If you are a wholesale client, we may pay commission or fees (by lump sum or on-going) to your agent (Financial Adviser) who referred you to us, or to a third party associated with that agent
- third parties may pay commission or fees to other parties
- you consent to payment of any commissions and fees referred to above
- you can cancel the payment of any ongoing commissions by instructing us in writing or instructing us to pay it to another agent\* you appoint in the future.

## AUTHORITY TO OPERATE

### You authorise:

- the Financial Adviser named in this application; or
- any other Financial Adviser notified to the Bank (us) from time to time; or
- any other officer or employee of the authorised representative nominated to us in writing by your Financial Adviser from time to time

(collectively “Authorised Operators”) to operate on and transfer funds from all accounts under the Facility including any accounts that may be opened after the date of this Authority.

### ACKNOWLEDGEMENT AND REQUEST

You authorise the Bank to:

- act on instructions received by telephone, email or facsimile apparently from an Authorised Operator to transfer funds between accounts in the names of one or more of the account holders within the CALIA+ Facility, vary nominal limits of accounts (but not the approved limit), stop payment of cheques, order cheque books, deposit books and/or KeyCards for the Accounts and to make recurring direct debit or periodic payments from those accounts;
- provide the Authorised Operators with statements of and information concerning individual transactions on those accounts.

You acknowledge that:

- an instruction received by us by email or facsimile which is complete and regular on the face of it, provided we have not been negligent and acted in good faith, shall provide conclusive evidence that we had authority to comply with the instruction. In the event of any dispute (including litigation) concerning any such instructions, you waive the right to claim that any signature is not genuine or that the instruction was sent to us without your authority;
- instructions given by facsimile, electronic or telephone are not subject to further written or other confirmation;
- we are not obliged to comply with instructions which are incomplete or unclear and we are not responsible for any delay due to instructions being incomplete or unclear;
- electronic and telephone instructions are subject to our Electronic Banking Terms and Conditions as varied from time to time.

\* Subject to certain conditions.



**BORROWER DECLARATIONS & SIGNATURES**

**COMPULSORY**

**IMPORTANT INFORMATION**

This statement must be read and signed by each borrower and is to be completed and signed at the time of application.

**You declare that:**

- a) All information which I/we have given in this application is true, complete and correct, and not misleading in any way; and
- b) I/we have read and accept the CALIA+ Terms and Conditions; and
- c) I/we give you permission to collect, use and share my/our personal information as set out in Part G (Privacy Information and Authorisation) of the CALIA+ Terms and Conditions; and
- d) If I/we give you my/our contact details, you can use these to communicate with me/us, including to give updates and reminders; and
- e) If I/we change my/our personal details (for example my/our phone number or home or email address), I will let you know as soon as possible; and
- f) I/we have obtained the consent of any individual(s) whose personal information is provided in this application and they have given permission to collect, use and share their information in accordance with Group Privacy Policy; and
- g) All the permissions I/we have given apply to this application and any others my/our organisation make, as long as you are providing me or them with services. If I am/we are representing a number of applicants or officeholders, they have asked me/us to give permission on their behalf; and
- h) I/we have read and understood the 'CALIA+ Risk Disclosure Statement' in Section 9 of this form; and
- i) I/we have appointed the Adviser whose details appear in Section 1 of this form to help administer my/our loan; and
- j) I/we understand that the Bank will assess my/our servicing and repayment capacity according to my/our intended Repayment Plan in Section 4 of this form; and
- k) If I am/we are a wholesale client I/we consent to the payment of the commissions and fees referred to in 'Commission Disclosure' in Section 9 of this form; and
- l) I/we have reasonable grounds to believe that the company and, if applicable, its controlled entities will be able to pay its debts as and when they fall due (this declaration only applies when the Borrower is a company); and
- m) The name of individual person(s) given to the Commonwealth Bank of Australia are true and correct and that the law prohibits the use of false names, as well as the giving or use of a false document in connection with an identification procedure; and
- n) I/we have sought my/our own independent legal and financial advice in relation to my/our obligations under the CALIA+ loan; and

**If I/we are applying for an investment loan Sub-account, I/we further declare that:**

- o) I/we have read the CommSec Adviser Services Investment Loan Product Disclosure Statement; and
- p) I/we have read the Financial Services Guide provided by my/our Adviser; and
- q) If I/we are an individual Trustee of a Trust where there is more than one Trustee, I/we nominate the person listed as 'Applicant 1' in this application to receive margin call notices on my/our behalf..

**APPLICANT 1**

PRINT FULL NAME

SIGNATURE

DATE

**APPLICANT 2 (if applicable)**

PRINT FULL NAME

SIGNATURE

DATE



TRUST APPLICANT

IF APPLICABLE

**Individual(s) as Trustee** - ALL individual Trustees must also complete Section 2 for identification in accordance with individual borrower requirements. The first trustee will be nominated recipient of Margin Calls (if the Trust is applying for an Investment Loan Sub-account).  
**Company as Trustee** - for Company identification please complete Section 12. The Director(s) operating on the accounts are required to complete Section 2 for identification in accordance with individual borrower requirements.

TRUST NAME (in full)

PLEASE PROVIDE A SHORTENED VERSION FOR THE FULL NAME OF THE TRUST (as above) to within a 23 character limit (this is required for CHES Registration purposes)

ABN / ACN (if applicable)

BUSINESS NAME (IF ANY) OF THE TRUSTEE OF THE TRUST

WHAT TYPE OF TRUST IS IT?

FAMILY  OTHER (specify)

**TRUST INDUSTRY AND TYPE**

TRUST INDUSTRY CATEGORY\*\* (MANDATORY)

TRUST INDUSTRY TYPE\*\* (MANDATORY)

\*\* refer to Job and Industry Classifications List available on the website for a list of acceptable Industry Categories and Types. e.g. Family Trusts are Category 'Personal and Other Services' and Type 'Individuals'.

**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.

COUNTRY/IES OF TAX RESIDENCY Please provide all country/ies of tax residency. The organisation must be a tax resident of at least one country.	TAX IDENTIFICATION NUMBER (TIN) Please provide either TIN or select Reason Code for no TIN for each Country of Tax Residency.
	<b>REASON CODE FOR NO TIN</b> A. The organisation's country of tax residency does not issue TINs B. The organisation has not been issued with a TIN by its country of tax residency C. The organisation's country of tax residency does not require disclosure of a TIN

IS THE TRUST'S PRIMARY BUSINESS ACTIVITY INVESTING?

Tick Yes if the trust earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends) or more than 50% of the trust's assets produce or are held for producing this investment income.

YES  NO

IS THE TRUST OPERATING AS A CHARITY?

YES  NO



TRUST APPLICANT

IF APPLICABLE

**Individual(s) as Trustee** - ALL individual Trustees must also complete Section 2 for identification in accordance with individual borrower requirements. The first trustee will be nominated recipient of Margin Calls (if the Trust is applying for an Investment Loan Sub-account).  
**Company as Trustee** - for Company identification please complete Section 12. The Director(s) operating on the accounts are required to complete Section 2 for identification in accordance with individual borrower requirements.

If Yes, please complete the following question. What is the objective / purpose of the charity?

  
  
  


HAS THE TRUST BEEN ESTABLISHED IN AUSTRALIA?

YES  NO

**SETTLOR OF TRUST**

WAS THE TRUST ESTABLISHED WITH A 'SETTLED SUM' OF \$10,000 OR MORE?

YES  NO

IF YES, NAME OF SETTLOR:

**HOW TO APPLY AS A TRUST**

I/we have attached a **CERTIFIED** copy of the relevant pages of the Trust deed (or an extract). The extract should include the page(s) which shows: the Trust name, name(s) of Trustee(s), signature(s) of trustee(s) with witnesses' signatures, date of execution, names of Beneficiary(s), name(s) of Settlor and settled sum.

**TRUSTEE DETAILS**

IF APPLICABLE

Please provide details of ALL additional Trustees that are not listed as an applicant in Section 2.

**Individual(s) as Trustee** - ALL individual Trustees must also complete Section 2 for identification in accordance with individual borrower requirements. The first trustee will be nominated recipient of Margin Calls (if the Trust is applying for an Investment Loan Sub-account).

**Company as Trustee** - for Company identification please complete Section 12. The Director(s) operating on the accounts are required to complete Section 2 for identification in accordance with individual borrower requirements.

HOW MANY TRUSTEES ARE THERE?

**TRUSTEE 1**

FULL NAME OF THE INDIVIDUAL OR COMPANY

RESIDENTIAL ADDRESS IF AN INDIVIDUAL OR COMPANY REGISTERED OFFICE ADDRESS  
(must be an Australian address. Cannot be a PO Box)

STATE

POSTCODE

**TRUSTEE 2**

FULL NAME OF THE INDIVIDUAL OR COMPANY

RESIDENTIAL ADDRESS IF AN INDIVIDUAL OR COMPANY REGISTERED OFFICE ADDRESS  
(must be an Australian address. Cannot be a PO Box)

STATE

POSTCODE

**TRUSTEE 3**

FULL NAME OF THE INDIVIDUAL OR COMPANY

RESIDENTIAL ADDRESS IF AN INDIVIDUAL OR COMPANY REGISTERED OFFICE ADDRESS  
(must be an Australian address. Cannot be a PO Box)

STATE

POSTCODE

If there are more Trustees please photocopy this sheet and provide additional details separately, enclosing additional copies with the application.

**BENEFICIARY DETAILS**

Provide details of ALL individuals who are beneficiaries of the Trust or the type of membership class.

**BENEFICIARY 1**

TITLE

GIVEN NAME(S)

SURNAME




**BENEFICIARY 2**

TITLE

GIVEN NAME(S)

SURNAME




**BENEFICIARY 3**

TITLE

GIVEN NAME(S)

SURNAME




**OR MEMBERSHIP CLASSES**

PROVIDE DETAILS OF THE MEMBERSHIP CLASS(ES) (e.g. unit holders, family members of named person)




If there are more beneficiaries please photocopy this sheet and provide additional details separately, enclosing additional copies with the application.

COMPANY DETAILS

IF APPLICABLE

If you are a company applicant you must also complete Section 2 with details for at least two Directors. Director(s) operating on the accounts are required to be identified in accordance with individual requirements.

COMPANY NAME  ACN  ABN (tick as appropriate)

REGISTERED ADDRESS (must be an Australian address. Cannot be a PO Box)

STATE POSTCODE

PRINCIPAL PLACE OF BUSINESS (if any; if same as registered address write 'As above')

STATE POSTCODE

POSTAL ADDRESS (if same as registered address write 'As above')

STATE POSTCODE

DOMESTIC PROPRIETARY  DOMESTIC PUBLIC

COMPANY INDUSTRY AND TYPE

COMPANY INDUSTRY CATEGORY\*\* (MANDATORY) COMPANY INDUSTRY TYPE\*\* (MANDATORY)

\*\* refer to Job and Industry Classifications List available on the website for a list of acceptable Industry Categories and Types. e.g. personal investment companies are Category 'Personal and Other Services and Type 'Individuals'

IS THE COMPANY OPERATING AS A CHARITY?

YES  NO

If Yes, please complete the following question. What is the objective / purpose of the charity?

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:** You are not required to complete the below if the organisation is a Publicly Listed Company or the Company is the trustee for the trust account.

<p><b>COUNTRY/IES OF TAX RESIDENCY</b> Please provide all country/ies of tax residency. The organisation must be a tax resident of at least one country.</p>	<p><b>TAX IDENTIFICATION NUMBER (TIN)</b> Please provide either TIN or select Reason Code for no TIN for each Country of Tax Residency.</p> <p><b>REASON CODE FOR NO TIN</b> A. The organisation's country of tax residency does not issue TINs B. The organisation has not been issued with a TIN by its country of tax residency C. The organisation's country of tax residency does not require disclosure of a TIN</p>

**COMPANY DETAILS**

IF APPLICABLE

If you are a company applicant you must also complete Section 2 with details for at least two Directors. Director(s) operating on the accounts are required to be identified in accordance with individual requirements.

Please list the full names of ALL additional directors of the company that are not listed as an applicant in Section 2.

**ADDITIONAL DIRECTOR 1**

TITLE	GIVEN NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

**ADDITIONAL DIRECTOR 2**

TITLE	GIVEN NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

**ADDITIONAL DIRECTOR 3**

TITLE	GIVEN NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

**ADDITIONAL DIRECTOR 4**

TITLE	GIVEN NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more than four additional Directors please photocopy this sheet and provide additional details separately, enclosing additional copies with the application.



COMPANY DETAILS

IF APPLICABLE

FOR PROPRIETARY COMPANY ONLY

IS THE COMPANY'S PRIMARY BUSINESS ACTIVITY INVESTING?

Tick Yes if the company earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends) or more than 50% of the company's assets produce or are held for producing this investment income.

YES  NO

**BENEFICIAL OWNER DETAILS**

A. Are there any individuals who own 25% or more of the shares in the company, either directly or indirectly?

You must make a selection below

YES Please provide details of all such individuals in the sections below

NO Please answer question B

B. Are there any individuals who control 25% or more of the shares in the entity, either directly or indirectly, for example through voting rights?

YES Please provide details of all such individuals in the sections below

NO In that case, please provide details below of any individuals who are responsible for the strategic or financial decisions of the company (that is, the individual who exercises primary control over the company because of the position they hold, e.g. the CEO, Managing Director or equivalent)

**Please note the details of at least one individual must be provided in the section below.**

For any additional individuals please photocopy this section, complete and attach to your application.

**INDIVIDUAL 1**

Same as Applicant 1 **Or**, complete the following:

TITLE	GIVEN NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

GENDER	DATE OF BIRTH	E-MAIL ADDRESS (OPTIONAL)
<input type="text"/> M <input type="text"/> F	<input type="text"/> DD / MM / YYYY	<input type="text"/>

RESIDENTIAL ADDRESS (must be an Australian address. Cannot be a PO Box)

<input type="text"/>	
<input type="text"/>	<input type="text"/>
STATE	POSTCODE

**TAX RESIDENCY INFORMATION**

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.)

**List all your countries of tax residency and your TIN for that country or if no TIN is available, please select a reason code.**

If you have listed Australia as a country of tax residency, please insert reason code C in the TIN column.

If you are a US citizen or resident, you must include USA as a country of tax residency.

AUSTRALIA  COUNTRY(S) OTHER THAN AUSTRALIA

COUNTRY/IES OF TAX RESIDENCY Please provide all country/ies of tax residency.	TAX IDENTIFICATION NUMBER (TIN) Please provide either TIN or select Reason Code for no TIN for each Country of Tax Residency.  <b>REASON CODE FOR NO TIN</b> A. My country of tax residency does not issue TINs B. I have not been issued with a TIN by its country of tax residency C. My country of tax residency does not require disclosure of a TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

COMPANY DETAILS

IF APPLICABLE

FOR PROPRIETARY COMPANY ONLY

**INDIVIDUAL 2**

Same as Applicant 2 **Or**, complete the following:

TITLE	GIVEN NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

GENDER	DATE OF BIRTH	E-MAIL ADDRESS (OPTIONAL)
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>

RESIDENTIAL ADDRESS (must be an Australian address. Cannot be a PO Box)

STATE                      POSTCODE

**TAX RESIDENCY INFORMATION**

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.)

**List all your countries of tax residency and your TIN for that country or if no TIN is available, please select a reason code.**

If you have listed Australia as a country of tax residency, please insert reason code C in the TIN column.

If you are a US citizen or resident, you must include USA as a country of tax residency.

<input type="checkbox"/> AUSTRALIA	<input type="checkbox"/> COUNTRY(S) OTHER THAN AUSTRALIA
------------------------------------	--

COUNTRY/IES OF TAX RESIDENCY Please provide all country/ies of tax residency.	TAX IDENTIFICATION NUMBER (TIN) Please provide either TIN or select Reason Code for no TIN for each Country of Tax Residency.
	<b>REASON CODE FOR NO TIN</b> A. My country of tax residency does not issue TINs B. I have not been issued with a TIN by its country of tax residency C. My country of tax residency does not require disclosure of a TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



COMPANY DETAILS

IF APPLICABLE

FOR PROPRIETARY COMPANY ONLY

INDIVIDUAL 3

TITLE	GIVEN NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

GENDER	DATE OF BIRTH	E-MAIL ADDRESS (OPTIONAL)
<input type="radio"/> M <input type="radio"/> F	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>

RESIDENTIAL ADDRESS (must be an Australian address. Cannot be a PO Box)

STATE                      POSTCODE

TAX RESIDENCY INFORMATION

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.)

**List all your countries of tax residency and your TIN for that country or if no TIN is available, please select a reason code.**

If you have listed Australia as a country of tax residency, please insert reason code C in the TIN column.

If you are a US citizen or resident, you must include USA as a country of tax residency.

<input type="checkbox"/> AUSTRALIA	<input type="checkbox"/> COUNTRY(S) OTHER THAN AUSTRALIA
------------------------------------	--

COUNTRY/IES OF TAX RESIDENCY Please provide all country/ies of tax residency.	TAX IDENTIFICATION NUMBER (TIN) Please provide either TIN or select Reason Code for no TIN for each Country of Tax Residency.
	<b>REASON CODE FOR NO TIN</b> A. My country of tax residency does not issue TINs B. I have not been issued with a TIN by its country of tax residency C. My country of tax residency does not require disclosure of a TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

DECLARATION

If you are a Director of a Borrower company, in addition to the clauses set out in Section 9, you are acknowledging the following:

1. I sign this application for and on behalf of the company in my capacity as a Director and to confirm that I accept that when you ask me to do so, I will sign a guarantee; and
2. By signing, I confirm that there are reasonable grounds to believe that the company will be able to pay its debt as and when they become due; and
3. By signing this application, I (the Director) give you permission to collect, use and share my personal information as set out in the "Privacy Information and Authorisation" section of the CommSec Adviser Services CALIA+ Terms and Conditions.
4. I/we am/are authorised by, and have the consent of the organisation and any Beneficial Owners to provide this Tax Information.
5. 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.

If there is more than one Director, at least two Directors must sign.

INDIVIDUAL 1

PRINT FULL NAME

SIGNATURE

DATE

INDIVIDUAL 2

PRINT FULL NAME

SIGNATURE

DATE



COMPANY DETAILS

IF APPLICABLE

IDENTIFICATION

To ensure we meet Government Legislative requirements we are required by law to identify all beneficial owners or controllers. All beneficial owners or controllers need to supply an original CERTIFIED photocopy of an acceptable identification document(s). Acceptable identification documentation is shown in Section 22.

The list of eligible persons who are allowed to certify identification is shown in Section 21.

**How should the identification documentation be CERTIFIED?**

The certified photocopy must include a statement **"I certify that this is a true copy of the original document"** (or similar wording). The certifier must also include their **full name, signature** and **qualification or occupation** which makes them eligible on the photocopied ID.

Please **DO NOT** attach original identification documents. Send only original **CERTIFIED** photocopies of original documents.

DIRECT DEBIT / CREDIT REQUEST (MARGIN LOAN ONLY)

COMPULSORY

CommSec Adviser Services  
Commonwealth Bank of Australia  
ABN 48 123 123 124  
Locked Bag 34 Australia Square NSW 1214  
Phone: 1800 252 351  
Email: [caliateam@cba.com.au](mailto:caliateam@cba.com.au)

When you complete this form, we will Direct Debit or Direct Credit funds from/to your nominated bank account as requested by you.

Form of Request for debiting and crediting amounts to an account through the Bulk Electronic Clearing System (BECS). When you wish to deposit funds to your Loan Account (e.g. payment of interest) we can arrange a Direct Debit from your Bank Account. By completing this Direct Debit/Direct Credit Request you are authorising Commonwealth Bank of Australia to both Direct Debit and Direct Credit your account. The Borrower should complete this form for all Loan Accounts.

You acknowledge that neither *CommSec Adviser Services*, the *Bank* nor the Financial Institution are required to check the correctness of the details of the *Bank Account* provided. This authorisation is to remain in force in accordance with the terms described in the Direct Debit/Direct Credit Request Service Agreement section of the CALIA+ Terms and Conditions.

I/WE (SURNAME / COMPANY NAME)

GIVEN NAMES / ABN / ACN



authorise and request, Commonwealth Bank of Australia (APCA User ID No. 019108 – Debit and 069346 – Credit) to arrange for funds to be debited from our account for interest charges, principal reductions, equity contributions and Margin Calls at the financial institution identified below and as prescribed in our Terms and Conditions through the BECS.

I/we authorise the following:

1. Commonwealth Bank of Australia to verify the details of the account with my/our financial institution; and
2. The financial institution to release information allowing Commonwealth Bank of Australia to verify the account details.

SIGNATURE OF ACCOUNT HOLDER 1 / DIRECTOR 1

SIGNATURE OF ACCOUNT HOLDER 2 (JOINT) / DIRECTOR 2



If the Account is in joint names, both account holders must sign

**DETAILS OF THE ACCOUNT TO BE DEBITED AND CREDITED**

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

ACCOUNT NAME (E.G. MR JOHN BROWN)

BANK STATE BRANCH (BSB)

ACCOUNT NUMBER



DATE

**Note:** Direct Debiting and Direct Crediting is not allowed on the full range of accounts. If in doubt, please refer to your financial institution.



**INVESTMENT LOAN REFINANCING AUTHORITY**

IF APPLICABLE

**ACKNOWLEDGEMENTS**

Please transfer ALL of my/our CHESS shareholdings/Managed Funds and Holder Identification Number (HIN)

OR

Please transfer the CHESS shareholdings/Managed Funds listed below\*

\*It may be necessary to re-lodge your standing instructions with the share registries after this transfer

If you are transferring Managed Funds, please ensure you have completed an Australian Standard Transfer Form in Section 16 for each Managed Fund you are transferring.

ASX CODE / APIR	SECURITY NAME / MANAGED FUND	NUMBER OF UNITS

I/we have attached my/our most recent Investment Loan statement

FULL REFINANCE  
Please provide approximate balance to be refinanced below

PARTIAL REFINANCE  
Please provide exact balance to be partially refinanced below

BALANCE OF INVESTMENT LOAN TO BE REFINANCED

\$

**EXISTING INVESTMENT LOAN DETAILS**

INVESTMENT LOAN PROVIDER

NAME IN WHICH INVESTMENT LOAN ACCOUNT HELD

INVESTMENT LOAN ACCOUNT NUMBER

HIN

The name and address on the shareholder statements exactly matches the application details I/we have provided

- Please be instructed that I/we would like to terminate my/our Investment Loan currently held with your company. I/we will be refinancing my/our existing investment loan with a CALIA+ Investment Loan Sub-account.
- Kindly arrange for the existing loan balance and other accrued obligations under my facility to be paid out by the Commonwealth Bank of Australia ("the Bank").
- I/We hereby authorise you to provide the Bank with any information they may require in order to fully complete the refinancing of the loan.

**SIGNATURES FOR ALL EXISTING LOAN PARTIES REQUIRED**

**BORROWER 1 / DIRECTOR 1 / TRUSTEE 1**

PRINT FULL NAME

SIGNATURE

DATE

**BORROWER 2 / DIRECTOR 2 / TRUSTEE 2 / THIRD PARTY MORTGAGOR**

PRINT FULL NAME

SIGNATURE

DATE



AUSTRALIAN STANDARD TRANSFER FORM

IF APPLICABLE

Please attach a copy of the Managed Fund Unit Holding Statement AND please copy this form and complete one for each existing managed fund investment to be transferred. Please complete this form for all refinances.

**PLEASE ENSURE YOU COMPLETE THE ASSOCIATED STATUTORY DECLARATION FORM OVER THE PAGE.**

FULL NAME OF FUND MANAGER

DESCRIPTION OF UNIT TRUSTS

QUANTITY

Words:  Figure:

FULL NAME(S) OF TRANSFEROR(S) [SELLER(S)] (please use capital letters)

  
  


CONSIDERATION

NIL

**OFFICE USE ONLY:**

FULL NAME(S) OF TRANSFEREE(S) [BUYER(S)]

State Nominees Limited (a/c ) c/-

  


FULL ADDRESS OF TRANSFEREE(S) [BUYER(S)]

  
  


I/We the registered holder(s) and undersigned Seller(s) for the above consideration do hereby transfer to the above name(s) hereinafter called the Buyer(s) or to the several buyers named in Part 2 of the Brokers Transfer Form(s) or Split Transfer Form(s), the Securities as specified above standing in my/our name(s) in the books of the above named company or eligible body subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer(s) do hereby agree to accept the said securities subject to the same conditions.

**I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed.**

TRANSFEROR(S) [SELLER(S)] SIGN HERE

x

DATE

DD / MM / YYYY

TRANSFEREE(S) [BUYER(S)] SIGN HERE

x

DATE

DD / MM / YYYY

TRANSFEREE(S) [BUYER(S)] SIGN HERE

x

DATE

DD / MM / YYYY

For State Nominees Limited by its Attorneys who have received no notification of revocation of their appointment as such attorneys

**STATUTORY DECLARATION**

IF APPLICABLE

Complete this form if you are lodging existing investment funds as security for your loan.

- You need to complete a separate form for each investment fund.
- Photocopy the form, or download a copy from commsecadviserservices.com.au

I/WE (NAME IN FULL)

OF (ADDRESS)

	STATE	POSTCODE
--	-------	----------

Do solemnly and sincerely declare that: *(The facts to be stated according to the Declarant(s) knowledge);*

- The transfer of total units in

Name of Fund

- *The beneficial ownership of the securities should remain the same; and*
- *That no consideration has been paid in relation to the transfer; and*
- *The transfer is for security purposes only; and*
- *This information is true and correct.*

*I/We make this solemn declaration, conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.*

**DECLARED BY**

PRINT FULL NAME

PRINT FULL NAME

SIGNATURE

x

SIGNATURE

x

ON THIS

DATE DAY OF MONTH YEAR

**WITNESS** (Justice of the Peace or other authorised witness)

Refer to Statutory Declaration Signatory List (overleaf) for list of eligible persons

BEFORE ME

SIGNATURE

x



STATUTORY DECLARATION SIGNATORY LIST

IF APPLICABLE

A STATUTORY DECLARATION UNDER THE STATUTORY DECLARATIONS ACT 1959 MAY BE MADE BEFORE;

1. a person who is currently licenced or registered under a law to practise in one of the following occupations:
  - Chiropractor
  - Dentist
  - Legal practitioner
  - Medical practitioner
  - Nurse
  - Optometrist
  - Patent attorney
  - Pharmacist
  - Physiotherapist
  - Psychologist
  - Trade marks attorney
  - Veterinary surgeon
2. a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or
3. a person who is in the following list:
  - Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
  - Bailiff
  - Bank officer with 5 or more years of continuous service
  - Building society officer with 5 or more years of continuous service
  - Chief executive officer of a Commonwealth court
  - Clerk of a court
  - Commissioner for Affidavits
  - Commissioner for Declarations
  - Credit union officer with 5 or more years of continuous service
  - Employee of the Australian Trade Commission who is:
    - i. in a country or place outside Australia; and
    - ii. authorised under paragraph 3(d) of the Consular Fees Act 1955; and
    - iii. exercising his or her function in that place
  - Employee of the Commonwealth who is:
    - i. in a country or place outside Australia; and
    - ii. authorised under paragraph 3(c) of the Consular Fees Act 1955; and
    - iii. exercising his or her function in that place
  - Fellow of the National Tax Accountants' Association
  - Finance company officer with 5 or more years of continuous service
  - Holder of a statutory office not specified in another item in this list
  - Judge of a court
  - Justice of the Peace
  - Magistrate
  - Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
  - Master of a court
  - Member of Chartered Secretaries Australia
  - Member of Engineers Australia, other than at the grade of student
  - Member of the Association of Taxation and Management Accountants
  - Member of the Australasian Institute of Mining and Metallurgy
  - Member of the Australian Defence Force who is:
    - i. an officer; or
    - ii. a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or
    - iii. a warrant officer within the meaning of that Act
  - Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
  - Member of:
    - i. the Parliament of the Commonwealth; or
    - ii. the Parliament of a State; or
    - iii. a Territory legislature; or
    - iv. a local government authority of a State or Territory
  - Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
  - Notary public
  - Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
  - Permanent employee of:
    - i. the Commonwealth or a Commonwealth authority; or
    - ii. a State or Territory or a State or Territory authority; or
    - iii. a local government authority;
 with 5 or more years of continuous service who is not specified in another item in this list
  - Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
  - Police officer
  - Registrar, or Deputy Registrar, of a court
  - Senior Executive Service employee of:
    - i. the Commonwealth or a Commonwealth authority; or
    - ii. a State or Territory or a State or Territory authority
  - Sheriff
  - Sheriff's officer
  - Teacher employed on a full-time basis at a school or tertiary education institution







REQUIRED SUPPORTING DOCUMENTS

COMPULSORY

Please nominate and provide the relevant supporting verification documentation for the income, asset and commitment values you have entered in the Applicant Financial Details in Section 3.

All documentation should be certified copies or originals unless otherwise specified.

VERIFYING INCOME

PAYG INDIVIDUAL - FULL TIME AND PERMANENT PART TIME

Base income including shift allowances, excluding overtime

Verification through ONE of the following:	Requirements
<input type="checkbox"/> Minimum of 3 months consistent salary credits into a <input type="checkbox"/> Commonwealth Bank account <b>OR</b> <input type="checkbox"/> Other Financial Institution	<ul style="list-style-type: none"> <li>The verification period must be the 3 months immediately preceding the date of the application.</li> <li>Copies of the Other Financial Institution statements are required.</li> </ul>
<input type="checkbox"/> 2 most recent payslips	<ul style="list-style-type: none"> <li>Hand written payslips are <b>not acceptable</b></li> <li>Payslips must show:                         <ul style="list-style-type: none"> <li>employer's name and ABN (except for government Bodies)</li> <li>employee's name</li> <li>date range and break up of income for the pay period</li> <li>hours worked</li> <li>break up of year to date income</li> <li>superannuation details</li> </ul> </li> </ul>
<input type="checkbox"/> Any <b>TWO</b> of the following: <ul style="list-style-type: none"> <li>Letter from employer</li> <li>Most recent PAYG Payment Summary</li> <li>Employment contract</li> <li>Most recent payslip</li> </ul>	<ul style="list-style-type: none"> <li>Less than 60 days old (which shows employer / business name and ABN, employee's name, income)</li> <li>Hand written payslips are <b>not acceptable</b></li> <li>Must show details as described above</li> </ul>

CASUAL/TEMPORARY AND OVERTIME

Casual and temporary employees are defined as full time or part time workers who are not permanently employed

Verification through ONE of the following:	Requirements
<input type="checkbox"/> Minimum of 3 months consistent salary credits into a <input type="checkbox"/> Commonwealth Bank account <b>OR</b> <input type="checkbox"/> Other Financial Institution	<ul style="list-style-type: none"> <li>The verification period must be the 3 months immediately preceding the date of the application.</li> <li>Copies of the Other Financial Institution statements are required.</li> </ul>
<input type="checkbox"/> 2 most recent payslips	<ul style="list-style-type: none"> <li>Hand written payslips are <b>not acceptable</b></li> <li>Must show details as described in PAYG Individual section above</li> <li>Must show year to date <b>income history of 3 months or more</b></li> </ul>
<input type="checkbox"/> 2 most recent payslips <b>AND</b> A tax return or most recent PAYG Summary which is not more than 15 months old.	<ul style="list-style-type: none"> <li>Hand written payslips are <b>not acceptable</b></li> <li>Must show details as described in PAYG Individual section above</li> <li>Must show year to date <b>income history of LESS than 3 months</b></li> </ul>
<input type="checkbox"/> A tax return or most recent PAYG Payment Summary which is not more than 15 months old (waived for new entrants to the workforce) <b>AND</b> An original letter from the employer or employment agency confirming:	<ul style="list-style-type: none"> <li>Current employment</li> <li>Length of employment</li> <li>Average gross income over at least the past 3 months.</li> </ul>

COMMISSIONS

Must be permanent part of income and been consistent for at least 1 year

Verification through ONE of the following:	Requirements
<input type="checkbox"/> Most recent payslip	<ul style="list-style-type: none"> <li>Hand written payslips are <b>not acceptable</b></li> <li>Must show details as described in PAYG Individual section above <b>AND</b> year to date income can be annualised to calculate gross income.</li> </ul>
<input type="checkbox"/> One of the following: <ul style="list-style-type: none"> <li>Letter from employer</li> <li>Most recent PAYG Payment Summary</li> </ul>	<ul style="list-style-type: none"> <li>Less than 60 days old</li> </ul>



REQUIRED SUPPORTING DOCUMENTS

COMPULSORY

**BONUS**

Must be a permanent part of income and been consistent for at least 2 years

Verification through ONE of the following:	Requirements
<input type="checkbox"/> Letter from employer	• Less than 60 days old
<input type="checkbox"/> Last 2 years PAYG Payment Summaries	

**MOTOR VEHICLE ALLOWANCE**

Must be a permanent part of income

Verification through ONE of the following:	Requirements
<input type="checkbox"/> 2 most recent payslips	• Hand written payslips are <b>not acceptable</b> • Must show details as described in PAYG Individual section above
<input type="checkbox"/> Most recent PAYG Payment Summary	
<input type="checkbox"/> Most recent Tax Return	
<input type="checkbox"/> Letter from employer	• Less than 60 days old
<input type="checkbox"/> Employment contract	

**RENTAL INCOME**

Verification through ONE of the following:	Requirements
<input type="checkbox"/> Rental statement	
<input type="checkbox"/> Lease agreement	
<input type="checkbox"/> Account statements showing direct debit payments	
<input type="checkbox"/> Letter from the managing landlord	• Must confirm amount and frequency
<input type="checkbox"/> Tax returns where rental properties are already owned	

**SALARY SACRIFICE ARRANGEMENTS**

Common salary sacrifices include non compulsory superannuation payments, loan repayments, expense payments such as school fees and child care costs, and laptop computers and mobile phones primarily for use in the applicant's employment.

Verification through ONE of the following:	Requirements
<input type="checkbox"/> 2 most recent payslips	• Hand written payslips are not acceptable • Must show details as described in PAYG Individual section • Must detail the amount of the salary sacrifice
<input type="checkbox"/> Letter from employer	• Less than 60 days old, must detail the amount of the salary sacrifice
<input type="checkbox"/> Employment contract	• Must detail the amount of the salary sacrifice

**SOLE PROPRIETOR**

Self employed customers should have a minimum of 2 years trading

Verification through BOTH of the following:	Requirements
<input type="checkbox"/> Last two most recent years Individual Tax Returns	• Most recent being not more than 15 months old
<input type="checkbox"/> The most recent Tax Assessment Notice	

REQUIRED SUPPORTING DOCUMENTS

COMPULSORY

COMPANY, TRUST OR PARTNERSHIP

Verification through BOTH of the following:	Requirements
<input type="checkbox"/> Last two most recent financial statements <b>AND</b> Company Tax Returns and Personal Tax Returns	<ul style="list-style-type: none"> <li>• Most recent being not more than 15 months old</li> </ul>
<input type="checkbox"/> The most recent Tax Assessment Notice	

VERIFYING ASSETS

PROPERTY

Verification through ONE of the following:	Requirements
<input type="checkbox"/> Most recent Council Rates Notice	<ul style="list-style-type: none"> <li>• Must be first instalment notice and include the 'land value'</li> </ul>
<input type="checkbox"/> Valuer General's Notice	
<input type="checkbox"/> Contract of Sale	<ul style="list-style-type: none"> <li>• Contract must be signed by vendor</li> </ul>

BANK ACCOUNTS

Verification through ALL of the following:	Requirements
<input type="checkbox"/> 1 month most recent account statements	<ul style="list-style-type: none"> <li>• Must show account where main transactions are conducted e.g. direct debits</li> <li>• Must show account where client's salary is credited</li> <li>• Must show savings account history (if applicable)</li> </ul>

VERIFYING COMMITMENTS

LOAN REPAYMENTS & CREDIT LIMITS OF ALL MORTGAGED CREDIT FACILITIES - REFINANCES

Verification through:	Requirements
<input type="checkbox"/> 6 months most recent statements	

LOAN REPAYMENTS & CREDIT LIMITS OF ALL NON-MORGAGED CREDIT FACILITIES - REFINANCES

Verification through:	Requirements
<input type="checkbox"/> 3 months most recent statements	

LOAN REPAYMENTS & CREDIT LIMITS OF ALL OTHER CREDIT FACILITIES - NOT BEING REFINANCED

Verification through ONE of the following:	Requirements
<input type="checkbox"/> Loan contract / schedule	<ul style="list-style-type: none"> <li>• Must show the identified loan repayments</li> </ul>
<input type="checkbox"/> 1 month most recent transaction account statements	
<input type="checkbox"/> 1 month most recent transaction history enquiry	<ul style="list-style-type: none"> <li>• Must show balance, redraw amount (if applicable) and credit limit</li> </ul>

RENTAL COMMITMENTS

Verification through ONE of the following:	Requirements
<input type="checkbox"/> Lease agreement	
<input type="checkbox"/> Account statements showing direct debit payments	
<input type="checkbox"/> Letter from the managing landlord confirming amount and frequency	



REQUIRED SUPPORTING DOCUMENTS

COMPULSORY

CREDIT CARDS

Verification through:

Requirements

1 month most recent statements

VERIFYING BUILDING INSURANCE

BUILDING INSURANCE POLICY

Verification through ONE of the following:

Requirements

Current building insurance policy schedule

• Renewal notices are not acceptable as insurance confirmation.

CommInsure Building Insurance policy number

• Schedule does **NOT** need to be provided. Please supply policy number only

**IDENTIFICATION FOR INDIVIDUALS/DIRECTORS/TRUSTEES /BENEFICIAL OWNERS**

Please DO NOT attach original identification documents. Send only original CERTIFIED photocopies of original documents.

**THE LIST OF ELIGIBLE PERSONS WHO ARE ALLOWED TO CERTIFY IDENTIFICATION DOCUMENTATION:**

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon
- Person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1922)
- Bailiff
- Bank officer with 2 or more years of continuous service
- Building society officer with 2 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 2 or more years of continuous service
- Employee of the Australian Trade Commission who is:
  - in a country or place outside Australia; and
  - authorised under paragraph 3 (d) of the Consular Fees Act 1922; and
  - exercising his or her function in that place
- Employee of the Commonwealth who is:
  - in a country or place outside Australia; and
  - authorised under paragraph 3 (c) of the Consular Fees Act 1922; and
  - exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with 2 or more years of continuous service
- Holder of a statutory office not specified in another item in this List
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
  - an officer; or
  - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 or more years of continuous service; or
  - a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
  - the Parliament of the Commonwealth; or
  - the Parliament of a State; or
  - a Territory legislature; or
  - a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
  - the Commonwealth or a Commonwealth authority; or
  - a State or Territory or a State or Territory authority; or
  - a local government authority;with 2 or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
  - the Commonwealth or a Commonwealth authority; or
  - a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees.



## ACCEPTABLE IDENTIFICATION DOCUMENTATION STANDARD

Note: All documents must be current unless otherwise stated.

### ACCEPTABLE DOCUMENTATION IDENTIFICATION STANDARD

**Original CERTIFIED photocopy of:**

- 1 x Primary Photographic identification (PART A) or
- 2 x Primary Non Photographic Identification (PART B) or
- 1 x Primary Non Photographic (Refer PART B above) and 1 x Secondary Identification (PART C).

#### PART A – PRIMARY PHOTOGRAPHIC IDENTIFICATION (SUFFICIENT ID BY ITSELF)

- Australian Passport issued by the Commonwealth, which has not been expired for more than 2 years
- Drivers licence issued in Australia
- Proof of Age Cards – issued under a law of a state or territory. (All States)
- NSW birth card (not currently available in other states)
- NSW Photocard
- International Passport or Travel Document which:
  - contains a photograph and signature of the person in whose name the document is issued;
  - is issued by a foreign government, the United Nations (UN) or an agency of the UN; and
  - if written in language not understood, accompanied by an English translation from an accredited translator.
- A national identity card issued for the purpose of identity which:
  - contains a photograph and signature of the person in whose name the document is issued;
  - Issued by a foreign government, the United Nations (UN) or an agency of the UN; and
  - if written in language not understood, accompanied by an English translation from an accredited translator.
- Security Industry Licences (issued by States)
- Firearms licence issued under law (All States)
- Defence Force Identity card (excluding spouse cards)

OR

#### PART B – 2 X PRIMARY NON PHOTOGRAPHIC IDENTIFICATION

- Birth certificate or birth extract issued by an Australian State or Territory
- Birth certificate issued by a foreign government, the United Nations or an agency of the UN
  - if written in language not understood, accompanied by an English translation from an accredited translator
- Citizenship certificate issued by the Commonwealth
- Citizenship certificate issued by a foreign government
  - if written in language not understood, accompanied by an English translation from an accredited translator
- A pension card issued by Centrelink that entitles the person whose name the card is issued, to financial benefits

OR

#### PART C – 1 X PRIMARY NON PHOTOGRAPHIC (REFER PART B ABOVE) AND 1 X SECONDARY IDENTIFICATION

- A notice that was issued to an individual by a the Commonwealth, State or Territory within the preceding 12 months which:
  - contains the name of the person and his or her residential address: and
  - records the provision of financial benefits to the individual under a law of the Commonwealth, State or Territory
- Taxation Notice issued to individual within the preceding 12 months which contains the name of the individual and his or her residential address
- A notice that was issued by a local government or utilities provider e.g. gas, electricity, water, rates with the preceding 3 months that:
  - contains the name of the person and his or her residential address: and
  - records the provision of services by the local government body or utilities provider to that address or to that person
- Drivers licence issued overseas
- Security Guard / Crowd Safety Officer Identity Card



**Where to send the completed form?**

Once completed and signed, please return the form by the eSubmit instructions provided on page 2.



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CALL 1800 252 351