



Please refer to the end of this document for submission instructions, explanatory notes and help.

Closure of Trading Account

I/We authorise and direct the Participant to close my/our accounts as set out below.

Trading Account Number

Closure of a trading account will result in any linked options account being closed.

Registered Name on Trading Account

I/We hereby request closure of the above Trading Account and:

Request the remaining stock in the above account be converted to Issuer Sponsorship.

OR

Request the remaining stock in the above account be transferred to the sponsorship of the following Broker:

Broker PID

Broker Name

HIN

NOTE: To transfer your stock to another Broker, you must contact the receiving Broker to initiate the transfer. We require instruction from the receiving Broker to release the securities.

Closure of Cash Account

Account Type

Term Deposit For Term Deposits opened or renewed on or after 8 December 2014, you will need to give us 31 days' notice before you can withdraw funds and prepayment costs may apply. (please be advised that terminating a Term Deposit prior to its maturity will result in a prepayment adjustment and the charging of a prepayment administration fee. Please see the General Information Statement and Terms and Conditions for full details).

Accelerator Cash Account (account holder/s signature is required).

Account Name

BSB

Account Number

Payment Account Details – mandatory

IMPORTANT: The remaining balance of your Account must be credited to an Australian bank account. Please take care in providing payee account details as payments will be processed by BSB and Account number only. In the event that an incorrect payment occurs we do not accept any liability for the loss of funds or guarantee their recovery.

Bank, Building Society or Credit Union name

Branch Address

Street Address

Suburb

State

Postcode

Account Name

BSB

Account Number

Declaration and Acknowledgement – mandatory

I/we hereby instruct CommSec Adviser Services to close my/our Account/s as indicated on this form.

I/we agree to ensure that any regular payment arrangements linked to the above Account/s will be cancelled.

I/we agree to ensure that any cards issued on the above Cash Account will be destroyed.

Account Holder 1/Director 1 /Trustee 1

<input type="text"/>	<input type="text"/>
Full Name	Date

Signature – must be signed pen on paper, electronic signatures not accepted

Account Holder 2/Director 2 /Trustee 2

<input type="text"/>	<input type="text"/>
Full Name	Date

Signature – must be signed pen on paper, electronic signatures not accepted

How to submit your documents

Clients

Once completed and signed, please scan and return the form to advisercashteam@cba.com.au

Advisers

Please use eSubmit to securely submit this form at [CommSec Adviser Services Website > Administration > eSubmit](#)

