


Accelerator Cash Account and Term Deposit Application Form

Accelerator Cash Account is a product of the Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945 (the Bank) and administered by Australian Investment Exchange Limited (Ausix) ABN 71 076 515 930 AFSL 241400. Ausix is a wholly owned but non-guaranteed subsidiary of the Bank.

 **Please refer to the 'Application Guide' at the end of this form for guidance on completing this application form.**
Where to send the completed application form?
 Once you have completed your application form, please sign and return by email or fax to the details listed at the top of this page.


ADVISER USE ONLY

Account Number (if generated over the phone)
 BSB: 067167 A/C:

This account number is not active until you receive confirmation that the account has been opened.

What type of account are you applying for?
 Individual Joint SMSF/Trust – Individual/Joint as trustee SMSF/Trust – Company as trustee Company
 Other

What product(s) do you wish to apply for:
 Accelerator Cash Account (ACA) Term Deposit

 **Where to from here?**
All applicants – Please start by providing adviser details in Section 1.

Section 1 – Primary Adviser Details


Adviser Details (adviser to complete)
 Adviser Code or Current Username

Adviser Name

Company Name

Contact Number

Contact Email

 **Where to from here?**
All applicants – Please provide your personal details in Section 2.

Section 2 – Personal Details

Applicant 1/Director 1/Trustee 1
 In what capacity are you completing this section?
 Individual Director/Secretary Trustee
 Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Other name/s commonly known by (if applicable)

Date of Birth Gender
 Male Female

Address Details

Residential Address (cannot be a PO Box)

 State Postcode

Country (if not Australia)

Postal Address Same as Residential Address

 State Postcode

Country (if not Australia)

Countries of Residence (mandatory)
 In which country(s) do you reside in or are a resident of? You **must** tick at least one box.

Australia
 Country(s) other than Australia. Please list country(s)

Countries of Tax Residence (mandatory)
 Which country(s) are you required / liable to pay tax or submit a tax return? You **must** tick at least one box.

Australia
 Country(s) other than Australia
 Please list the country(s) and the Tax Identification Number or Exemption Code (refer to Explanatory Note 2)

Country	Tax Identification No.
<input type="text"/>	<input type="text"/>
Country	Tax Identification No.
<input type="text"/>	<input type="text"/>

Section 2 – Personal Details (continued)

Countries of Citizenship (mandatory)

In which country(s) do you hold citizenship? You **must** tick at least one box.

Australia

Country(s) other than Australia. Please list country(s)

Contact Details

Email Address (must be applicant's email address)

You **must** complete at least one contact number (and tick your preferred contact number)

Mobile

Home ()

Work ()

Fax ()

Tax File Number or Exemption Code (optional)
(refer Explanatory Note 1)

- -

Job Category and Type (mandatory)

(see the *Job and Industry Classifications List* available from the website for a list of acceptable Job Categories and Types)

Job Category

Job Type

Are you a sole trader?

Yes No

If yes, complete the next 2 questions.

Sole Trader Business Name

Sole Trader ABN (optional) (refer Explanatory Note 1)

- - -

NetBank Access

Is NetBank Access required?

Yes (you must provide an email address **and** mobile number in the contact details section)

No



If you are an existing NetBank customer your new account/s will be added to your NetBank login. If you do not currently have access to NetBank we will automatically create login details for you. If no selection is made, NetBank access will automatically be applied.

Identification

Select one of the options below:

If you are an existing Commonwealth Bank customer, please provide the following (**preferred**):

Existing Product Name

BSB (if applicable)

Account Number

My adviser will complete the Identification for Individuals and Trust section of this application (**preferred**)

My adviser will provide an FSC/FPA ID Form (**preferred**)

I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Overseas Applicants Only

Reason for seeking account in Australia

Office use only

CIF ID

Applicant 2/Director 2/Trustee 2

In what capacity are you completing this section:

Joint applicant Director/Secretary Trustee

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Other name/s commonly known by (if applicable)

Date of Birth

Gender

Male Female

Address Details

Same as Applicant 1

Or, complete the following

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Postal Address Same as Residential Address

State

Postcode

Country (if not Australia)

Section 2 – Personal Details (continued)

Countries of Residence (mandatory)

In which country(s) do you reside in or are a resident of? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s).

Countries of Tax Residence (mandatory)

Which country(s) are you required / liable to pay tax or submit a tax return? You **must** tick at least one box.

- Australia
- Country(s) other than Australia
Please list the country(s) and the Tax Identification Number or Exemption Code (refer to Explanatory Note 2)
- | Country | Tax Identification No. |
|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> |
| Country | Tax Identification No. |
| <input type="text"/> | <input type="text"/> |

Countries of Citizenship (mandatory)

In which country(s) do you hold citizenship? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s)

Contact Details

Email Address (must be applicant's email address)

You **must** complete at least one contact number (and tick your preferred contact number)

- Mobile
- Home
- Work
- Fax

Tax File Number or Exemption Code (optional)
(refer Explanatory Note 1)

- -

Job Category and Type (mandatory)

(see the *Job and Industry Classifications List* available from the website for a list of acceptable Job Categories and Types)

Job Category

Job Type

Are you a sole trader?

Yes No

If yes, complete the next 2 questions.

Sole Trader Business Number

Sole Trader ABN (optional) (refer Explanatory Note 1)

- - -

NetBank Access

Is NetBank Access required?

- Yes (you must provide an email address **and** mobile number in the contact details section)
- No



If you are an existing NetBank customer your new account(s) will be added to your NetBank login. If you do not currently have access to NetBank we will automatically create login details for you. If no selection is made, NetBank access will automatically be applied.

Identification

Select one of the options below:

- If you are an existing Commonwealth Bank customer, please provide the following (**preferred**)
- Existing Product Name
- BSB (if applicable) Account Number
- My adviser will complete the Identification for Individuals and Trust section of this application (**preferred**)
- My adviser will provide an FSC/FPA ID Form (**preferred**)
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Overseas Applicants Only

Reason for seeking account in Australia

Office use only

CIF ID



Further applicants required?

Please photocopy and complete this section to add additional applicants if required.



Where to from here?

Company/Company Trust/SMSF Applicants –
Please provide your Company/Company Trustee details in Section 3.

Individual Trust/Joint Trust/SMSF Applicants –
Please provide your Trust details in Section 4.

Otherwise – Please complete the product details in Section 5.

Section 3 – Company Details (continued)

Individual 1

Same as Applicant 1

Or, complete the following:

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

My adviser will complete the Identification for Individuals and Trust section of this application **(preferred)**

My adviser will provide an FSC/FPA ID Form **(preferred)**

I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Individual 2

Same as Applicant 2

Or, complete the following:

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

My adviser will complete the Identification for Individuals and Trust section of this application **(preferred)**

My adviser will provide an FSC/FPA ID Form **(preferred)**

I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Individual 3

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

My adviser will complete the Identification for Individuals and Trust section of this application **(preferred)**

My adviser will provide an FSC/FPA ID Form **(preferred)**

I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

If the Company was not established in Australia, please complete the next five questions.

Country of formation/incorporation/registration

What is the company's business activity?

What is the purpose of seeking a bank account in Australia?

Is this foreign company registered with ASIC?

Yes Please provide Australian Registered Body Number (ARBN)

No Please provide the unique identification number issued to the company on its registration/incorporation with the foreign registration body and attach a copy of original certificate of registration issued by the foreign registration body

Please supply your Tax Identification Number (TIN) or Exemption Code (refer to Explanatory Note 2)

Office use only

CIF ID



Where to from here?

Company Trust/SMSF Applicants – Please provide your trust details in Section 4.

Otherwise – Please complete the product details in Section 5.

Section 4 – Trust Details

Trust Type

- SMSF Charity Informal Family Minor
 Other, please specify below

Full Trust Name (as per Trust Deed)

Account Designation (e.g. Brown Family Account)
(refer Explanatory Note 3)

Was the Trust established in Australia? (mandatory)

- Yes No

Is the Trust operating as a charity? (mandatory)

- Yes No

If yes, what is the purpose of the charity?

ABN and TFN Details

Australian Business Number (ABN)
(refer Explanatory Note 1)

 - - -

Trust Tax File Number (TFN) or Exemption Code (optional)
(refer Explanatory Note 1)

 - -

Trust Industry Category and Type (mandatory)

(see the *Job and Industry Classifications List* available on the website for a list of acceptable Industry Categories and Types e.g. SMSF Trusts are category 'Finance and Insurance' and Type 'Superannuation Funds')

Trust Industry Category

Trust Industry Type

Settlor of Trust (mandatory except if Trust type is SMSF or Testamentary Trust)

Was the trust established with a 'settled sum' of \$10,000 or more?

- Yes No

If Yes, name of Settlor:

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 investment income.

- Yes No

If Yes, complete the next question.



If you are a SMSF or Charity, you are not required to complete the following question. Please go to Address Details.

Are any Trust Applicant(s), Beneficiary(s) or Trustee(s) tax resident(s), citizen(s) or a resident(s) of country(s) other than Australia?

- Yes No

(If Yes: please complete and return the supplementary 'Entity Classification (W-8BAR-E) Form' with the completed Account Application Form).

Address Details

- Same as Applicant 1 Same as Company

Or, complete the following:

Registered Address of the Trust (cannot be a PO Box)

 State Postcode
 Country (if not Australia)

Postal Address Same as Registered Address of the Trust

 State Postcode
 Country (if not Australia)

Contact Details

- Same as Applicant 1 Same as Company

Or, complete the following:

Email Address (optional)

Phone

Identification

- My adviser will complete the Identification for Individuals and Trust section of this application (**preferred**)
- My adviser will provide a Trust FSC/FPA ID Form (**preferred**)
- If the trust is an SMSF, a search will be performed by CBA on the relevant regulator's website; **OR**
- For other trust types, I will attach a certified copy of extract of the Trust Deed. Please refer to the Application Guide for the information the Trust Deed extract must contain.

Additional Trustee Details

Please list the full names of all Additional Trustees that are not listed as an Applicant in Section 2. If there are more than 2 Additional Trustees, please photocopy this section, complete and attach to your application.

Additional Trustee 1

- Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

 DD / MM / YYYY

Gender

- Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

 State Postcode
 Country (if not Australia)

Section 4 – Trust Details (continued)

Identification

- My adviser will complete the Identification for Individuals and Trust section of this application (preferred)
- My adviser will provide an FSC/FPA ID Form (preferred)
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Additional Trustee 2

- Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

- Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

- My adviser will complete the Identification for Individuals and Trust section of this application (preferred)
- My adviser will provide an FSC/FPA ID Form (preferred)
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Beneficiary Details

Please provide the type of membership class (e.g. unit holder, family member) or the full name of each beneficiary. If there are more than 2 membership classes/beneficiaries please photocopy this section, complete and attach to your application.

Membership classes

OR

Beneficiary 1

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

- Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Beneficiary 2

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

- Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

If the Trust was not established in Australia, please complete the following three questions

What country was the Trust established in?

What is the objective of the Trust?

What is the purpose of seeking an account in Australia?

Office use only

CIF ID



Where to from here?

ACA applicants – Please complete the details in Section 5a.

Term Deposit applicants – Please complete the details in Section 5b.

Section 5a – Accelerator Cash Account Details

Initial deposit to be made by:

Please transfer funds from my existing Commonwealth Bank Account:

Account Name *(must be in the same name as the application)*

BSB

Account Number

Amount

Amount in words

I have attached a cheque to the completed application

I will transfer funds once I receive the BSB and account number

Is a deposit book required?

No Yes



The initial applicant listed on this application will be the primary mail recipient for cheque books and/or deposit book requested.

Is a cheque book required?

No Yes

Is ATM/EFTPOS access required?

No

Yes, issue a new Keycard

Yes, link to existing Commonwealth Bank card/s

Existing Card Numbers

Statements and Notices:

You can elect to receive your statements and notices online. Things you need to know if you elect online statements and notices:

- You will not receive paper statements or notices but will instead receive them online via NetBank (we may however choose to send you a particular notice by paper). You can print a copy if you wish.
- We'll send you an email when statements/notices are available in NetBank.
- You need to advise us if you change your email address.
- You can choose to start receiving paper statements via NetBank or by calling us on 132 221.

Online (NetBank access required)

Paper (additional fees may be incurred).

Statement Delivery Address (for paper statements)

Same as Applicant 1

Or, complete the following

Name

Address Details

State

Postcode

Country (if not Australia)



Where to from here?

Term Deposit applicants – Please complete the details in Section 5b.

Where you are applying through an adviser – You and your adviser will need to complete Section 6.

If you chose the 'Identification for Individuals and Trust' identification option in section 2, 3 or 4 – Please proceed to Section 7.

Otherwise – Please continue to the declaration in Section 8 to complete the application.

Section 5b – Term Deposit Details

Investment Amount (\$5,000 minimum)

In words

Investment Funding to be made by:

My ACA (mandatory for applicants without an existing Commonwealth Bank Account)

Funds Transfer from a nominated Commonwealth Bank Account (must be in the same name as the application).

Account details

Account Name

BSB

Account Number

Investment Term (1 to 60 months)

Interest payment frequency

4 Weekly

6 Monthly

Annually

Interest payment option

Pay interest to my ACA

Add interest to my Term Deposit

Pay interest to another account (provide details below)

Account Name

BSB

Account Number

Bank

Branch

Correspondence Delivery Address

Same as Applicant 1

Or, complete the following

Name

Address Details

State

Postcode

Country (if not Australia)

Section 5b – Term Deposit Details (continued)

Quote (Only applicable if you were given a quote over the phone. Not a mandatory field).



Where to from here?

Where you are applying through an adviser – You and your adviser will need to complete Section 6.

If you chose the 'Identification for Individuals and Trust' identification option in section 2, 3 or 4 – Please proceed to Section 7.

Otherwise – Please continue to the declaration in Section 8 to complete the application.

Section 6 – Adviser Authority to Operate



Only complete the below information if you would like to provide your adviser with authority to operate your ACA.

I/We authorise my/our adviser as set out below or any person nominated by my/our adviser or his/her Licensed Dealer Group (including its employees, agents and contractors) ("Authorised Adviser") to act on my/our behalf on the ACA and/or Term Deposit Account requested in this application form, and any subsequent Term Deposit Accounts opened in the future, to the extent of their authority set out below, to send instructions to the Commonwealth Bank of Australia (Bank).

Adviser Authorities

- (a) I/We authorise the Bank to act on instructions received from my/our Authorised Adviser/s to:
- Request general account (including balance and individual transactions) and personal information related to the account/s nominated on this form, order cheque books, deposit books and/or KeyCards which will be sent to the address I/we nominate.
- (b) I/We authorise the Bank to act on instructions received from my/or Authorised Adviser/s to:
- Transfer funds from my/our account/s and set up periodical payments to accounts in exactly the same name of my/our account which the funds are being transferred from within the Bank;
 - Place money on term deposit with the Bank in my/our name/s for any term and to withdraw on maturity, or by arrangement with the Bank prior to maturity, any such moneys held on term deposit, give valid discharges for interest paid and principle repaid and to otherwise exercise all the rights as permitted in this authority.
- (c) I/We also authorise the Bank to act on signed instructions received from my/our Authorised Adviser/s to:
- Transfer funds and set up periodical payments from my/our account/s nominated on this form to any other account specified on the written request provided.
- (d) I/We authorise the Bank to act on instructions from my/our Authorised Adviser/s to withdraw their fees from my/our account using online or electronic services.

All Applicants please sign below

This authority must be signed by all Applicants:

I/We:

- authorise and request the Bank to accept and act upon any instructions issued by my/our Authorised Adviser (including their representative under clause (a) above) pursuant to this authority and undertake and ratify whatever my/our Authorised Adviser lawfully does or causes to be done pursuant to this authority;
- understand that the appointment of my/our Authorised Adviser remains effective until I/we revoke it by providing a notice in writing to the Bank;

- acknowledge and consent for the Bank to accept an instruction sent by me by fax or scanned documents sent by email (see the Accelerator Cash Account and Term Deposit Terms and Conditions for further detail); and
- acknowledge that any instructions given by my/our Authorised Adviser in accordance with this authority will be relied on by the Bank and that the Bank will not be liable for any loss or damage I/we, or anyone else, suffers where the Bank acts on those instructions in good faith, unless it is proved that the Bank was negligent. Where the Bank agrees to supply services to me/us as a consumer, as defined in the Australian Securities and Investments Commission Act 2001 (the Act), then the Bank's liability will be determined in accordance with the Act. The Act permits the Bank in some circumstances to limit its liability to resupplying services to me/us.

Applicant/s Signature/s

Applicant 1/Director 1/Trustee 1

Full Name

Signature

Date

Applicant 2/Director 2/Trustee 2

Full Name

Signature

Date

If there are more than 2 applicants, please photocopy this section, complete and attach to your Application.

Authorised Adviser/s Signature/s

Adviser 1

Full Name

Licensed Dealer Group

Signature

Date

Adviser 2

Full Name

Licensed Dealer Group

Signature

Date



Where to from here?

If you chose the 'Identification for Individuals and Trust' identification option in section 2, 3 or 4 – Please proceed to Section 7.

Otherwise – Please continue to the declaration in Section 8 to complete the application.

Section 7 – Identification for Individuals and Trust



This section will be completed based on the identification and verification conducted by the adviser.
Your adviser will complete this section if you chose this identification option in Section 2, 3 or 4). If there are more than 2 individuals, please photocopy this section, complete and attach to your application.

ID Document Details Applicant 1/Director 1/Trustee 1

Document 1

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

Document 2

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

ID Document Details Applicant 2/Director 2/Trustee 2

Document 1

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

Document 2

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

ID Document Details Beneficial Owner/Additional Trustee 1

Document 1

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

Document 2

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

ID Document Details Beneficial Owner/Additional Trustee 2

Document 1

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

Document 2

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

Section 7 – Identification for Individuals and Trust (continued)**ID Document Details Beneficial Owner/Additional Trustee 3****Document 1**

Verified From Original Certified Copy
 Document Type (e.g. Passport)

Issue Date

Expiry Date

Document Number

Accredited English Translation N/A Sighted

Document 2

Verified From Original Certified Copy
 Document Type (e.g. Passport)

Issue Date

Expiry Date

Document Number

Accredited English Translation N/A Sighted

Trust Deed Documentation Details

Verified From Original Certified Copy

Trust Name as it appears on Document

Issue Date

**Where to from here?**

All applicants – Please continue to the declaration in Section 8 to complete the application.

Section 8 – Declaration, Authorities and Acknowledgements

The funds in this account are held in trust.

Yes No

Where the funds in this account are held in trust, the trust deed/instrument authorises the opening and operation of the account in the manner set out in this authority.

If you are not opening this account wholly or predominantly for personal or domestic use, please tick the box

1. I/We have been given a copy of the Accelerator Cash Account and Term Deposit General Information Statement, Terms and Conditions and Standard Fees and Charges documents and accept the terms and conditions for this account.
2. I/We also acknowledge and consent to the collection, use and exchange of my/our personal information as set out in the Customer Information and Privacy section of the Terms and Conditions and to the payment of the fees referred to above.
3. I/We declare that my/our information (including identification details) as shown on this form are true, complete and correct, and that I/we will advise the Bank if these details change. I/we understand that it is an offence to provide false or misleading information.
4. I/We have received and reviewed a copy of the Electronic Banking Terms and Conditions (available at www.commbank.com.au) and accept those terms and conditions.
5. I/We acknowledge that my/our first use of NetBank will signify my/our acceptance of, and agreement to be bound by, the Bank's Electronic Banking Terms and Conditions.
6. I/we acknowledge and consent to view only access to my account by any person nominated by my/our adviser or his/her Licensed Dealer Group (including its employees, agents and contractors).
7. I/We acknowledge that the information provided by me/us in this application including my/our Citizenship, Residency and Tax Residency status, or to my/our adviser, to enable the Bank to comply with the United States Foreign Account Tax Compliance Act and any related laws designed to implement those laws in Australia (FATCA), is complete and correct. I/we will promptly notify the Bank and provide any changes to the information provided by me/us in connection with FATCA.
8. I/We acknowledge that the Bank may require further information from me/us from time to time in order to meet its obligations under AML/CTF Laws, FATCA or its internal policies and procedures, and I/we agree to provide the Bank with whatever additional information is reasonably required in order for the Bank to meet its obligations under AML/CTF Laws, FATCA and or its internal policies and procedures.
9. (For Company and Trust applicants only) I/We certify that the entity's activities and classification that I have provided are complete and correct and that I will advise the Bank immediately if such information is to change.
10. I/we have obtained the consent of any individual(s) whose personal information is provided in this application. They have authorised the collection, use or exchange of their information in accordance with Group Privacy Policy.

Section 8 – Declaration, Authorities and Acknowledgements (continued)

Signature requirements for operation of joint/company (including trusts) accounts only:

- One** signature required
- More than one** signature required



No card/s will be issued where 'More than one signature required' option is ticked. If no selection is made the account will be established as more than one to sign.

Margins against ACA rates (if applicable):

Commission Option Disclosure for Wholesale Clients only:

Please tick the box below to indicate if ongoing commission will be payable. Where you meet the wholesale client criteria the payment of commissions may apply. You must complete the Wholesale Client Form available from the website and provide the necessary documentation for commission to be payable.

- With Commission (for wholesale clients **only**)
- We may pay an ongoing commission (for wholesale clients) to your agent (adviser) who referred you to us, or to a third party associated to that agent.
- By signing this Application Form and the Wholesale Client Form, you consent to the payment of commission.
- You can cancel the payment of any ongoing commissions by instructing CommSec Adviser Services in writing.
- You can elect to pay any ongoing commissions to another agent (subject to certain conditions) you appoint in the future by instructing CommSec Adviser Services in writing.
- The interest rate paid on your ACA will be reduced by the amount of any commission paid to your agent (adviser) or third party associated with that agent.

Applicant 1/ Director 1/ Trustee 1

Full Name

Signature

Date

Applicant 2/ Director 2/ Trustee 2

Full Name

Signature

Date

If there are more than 2 applicants, please photocopy this section, complete and attach to your Application.

Adviser Declaration

1. I have provided the applicant/s with the Accelerator Cash Account and Term Deposit General Information Statement, Terms and Conditions and Standard Fees and Charges documents.
2. I/We declare that the FATCA information provided is reasonable considering the documentation provided.
3. I have been appointed by the applicant/s as their client adviser and I have identified the applicant/s and where applicable the Trust.

4. I have performed the necessary client identification check required by law which will be relied upon by the Commonwealth Bank of Australia (Bank). I have sufficient evidence of this check which will be kept for seven years and the Bank can request copies of that identification at any time.
5. I understand that commissions are not payable for the ACA unless the applicant meets the wholesale client criteria as set out in the Wholesale Client Form (available from the 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 applicant's wholesale client status.

Adviser Name

Signature of Adviser

Date



Where to from here?

If you meet the wholesale client criteria for the payment of commissions for your ACA account –

Please complete the Wholesale Client Form available from the website and provide any necessary supporting documentation with the completed Application Form.

Otherwise, you are now complete:

Please return your completed Application Form along with any accompanying documents to us by email at advisercashteam@cba.com.au or fax at 1800 422 083.

Application Guide

Accelerator Cash Account is a product of the Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945 (the Bank) and administered by Australian Investment Exchange Limited (AUSIEX) ABN 71 076 515 930 AFSL 241400. AUSIEX is a wholly owned but non-guaranteed subsidiary of the Bank.



This application guide provides additional information that may assist you and/or your adviser in filing out the application form. Once you have completed your application form, please return it along with any accompanying documents to us by email at advisercashteam@cba.com.au or fax at 1800 422 083. If any Company or Trust Applicant(s), Beneficiary(s), Trustee(s), Director(s) or Shareholder(s) are tax resident(s), citizen(s) or a resident(s) of any country(s)

other than Australia, they must complete and return an 'Entity Classification (W-8BAR-E) Form' available from the website with this Application Form.

The application comprises of eight sections. Please refer to the matrix below what sections are applicable to your application.

NOTE:

If your residential address is overseas, or you are a foreign company or trust please phone the Adviser Cash Team on 1800 252 351 prior to proceeding.

Account Type	Mandatory Sections:	May be Applicable:
Individual	1, 2, 5 & 8	6 - If you want to provide your adviser authority to operate your account 7 - Where your adviser is identifying you Certified Copies of ID Form – Non-CBA customers
Joint	1, 2, 5 & 8	6 - If you want to provide your adviser authority to operate your account 7 - Where your adviser is identifying you Certified Copies of ID Form – Non-CBA customers
Company	1, 2, 3, 5 & 8	6 - If you want to provide your adviser authority to operate your account 7 - Where your adviser is identifying you Certified Copies of ID Form – Non-CBA customers
Trust (Individual as Trustee)	1, 2, 4, 5 & 8	6 - If you want to provide your adviser authority to operate your account 7 - Where your adviser is identifying you Certified Copies of ID Form – Non-CBA customers
Trust (Company as Trustee)	1, 2, 3, 4, 5 & 8	6 - If you want to provide your adviser authority to operate your account 7 - Where your adviser is identifying you Certified Copies of ID Form – Non-CBA customers

Account Type:	I am providing my identification directly to the Bank:	I am providing my identification through my adviser:
Joint	1. Each applicant must provide individual requirements as outlined in section 2.	1. FSC/FPA individual identification form for each applicant.
Company	1. Each signatory must provide individual requirements as outlined in section 2; and 2. Each Beneficial Owner must provide individual requirements as outlined in section 3; and 3. A search will be performed by CBA on the relevant ASIC Database. (Alternatively you can provide a certified copy of the certificate of registration)	1. FSC/FPA individual identification form for each signatory and beneficial owner; and 2. FSC/FPA Australian and foreign companies' identification form.
Trust (Individual/Joint as Trustee)	1. Each signatory must provide individual requirements as outlined in section 2; and 2. Each additional Trustee must provide individual requirements as outlined in Section 4; and 3. If the trust is an SMSF, a search will be performed by CBA on the relevant regulator's website; OR 4. For other trust types, a certified copy of extract of the Trust Deed. The extract should include the page which shows the trust name, name/s of the Trustee/s, signature/s of Trustee/s with witnesses' signatures, date of execution, name/s of Beneficiary/s, name/s of Settlor, and settled sum amount.	1. FSC/FPA individual identification form for each signatory and additional Trustee; and 2. FSC/FPA Trusts and Trustees identification form; and 3. If the trust is an SMSF, a search will be performed by CBA on the relevant regulator's website; OR 4. For other trust types, a certified copy of extract of the Trust Deed. The extract should include the page which shows the trust name, name/s of the Trustee/s, signature/s of Trustee/s with witnesses' signatures, date of execution, name/s of Beneficiary/s, name/s of Settlor, and settled sum amount.
Trust (Company as Trustee)	1. Each signatory must provide individual requirements as outlined in section 2; and 2. Each Beneficial Owner of the Company Trustee must provide individual requirements as outlined in section 4; and 3. A search will be performed by CBA on the relevant ASIC Database. (Alternatively you can provide a certified copy of the certificate of registration); and 4. If the trust is an SMSF, a search will be performed by CBA on the relevant regulator's website; OR 5. For other trust types, a certified copy of extract of the Trust Deed. The extract should include the page which shows the Trust name, name/s of the Trustee/s, signature/s of Trustee/s with witnesses' signatures, date of execution, name/s of Beneficiary/s, name/s of Settlor, and settled sum amount.	1. FSC/FPA individual identification form for each signatory and Beneficial Owner; and 2. FSC/FPA Australian and foreign Companies' identification form; and 3. FSC/FPA Trusts and Trustees identification form; and 4. If the trust is an SMSF, a search will be performed by CBA on the relevant regulator's website; OR 5. For other trust types, a certified copy of extract of the Trust Deed. The extract should include the page which shows the trust name, name/s of the Trustee/s, signature/s of Trustee/s with witnesses' signatures, date of execution, name/s of Beneficiary/s, name/s of Settlor, and settled sum amount.

Explanatory Notes

1. AUSTRALIAN BUSINESS NUMBER (ABN) AND/OR TAX FILE NUMBER (TFN)

Providing your ABN and/or TFN is not compulsory, but if you do not, tax may be taken out of your interest at the highest marginal tax rate plus Medicare levy.

TFN and Trusts

Formal trust – That is established as a legal entity under a formal trust deed and has a TFN. Please quote the TFN of the formal trust.

Informal trust – Whereby no formal arrangements in place e.g. minor, and there is no requirement for you to furnish a Trust income tax return to the Australian Taxation Office. Please provide the Tax File Number(s) of the Trustee(s).

2. TAX IDENTIFICATION NUMBER (TIN)

A Tax Identification Number is a primary identification number used for tax purposes worldwide. The reference to the 'Tax Identification Number' may differ depending on country.

For example:

Country	Number Reference
Australia	Tax File Number
United Kingdom	National Insurance Number
New Zealand	Inland Revenue Department Number
Singapore	Identity Number

Please phone the Adviser Cash Team on **1800 252 351** or further clarification.

3. ACCOUNT DESIGNATION

Account Designation is used when you wish to trade under the name of a Superannuation Fund, Family Trust, Minor or Deceased Estate.

Examples include: Brown S/F A/C, Brown Family A/C, Louise Brown (minor).