



Transfer Request Form

Form IDs
3009Standard
3009RTGS

Where to send this form?

Please provide your completed and signed form with any relevant supporting documents to your adviser. **Adviser use only:** Use Form ID 3009Standard (for standard transfer requests) and Form ID 3009RGTS (for RTGS transfer requests) to securely submit the documents via eSubmit. To use eSubmit, log into the CommSec Adviser Services website and go to: **Administration > eSubmit.**



Use this form to request a transfer of funds into and/or out of your Accelerator Cash Account (ACA).

Section 1 – Type of Transfer

MANDATORY

Please select the type of funds transfer you are requesting:

- Deposit funds into your ACA from another Commonwealth Bank account (in your name)
- Withdraw funds from your ACA to another bank account
- RTGS Transactions - Fees Apply

NOTE: Same day processing cut-off is 12pm AEST.

For RTGS fees, please refer to the “Common Banking Services - Standard fees and charges” booklet at Administration > Forms

Section 2 – Transfer Details



We are only able to transfer funds into your ACA from other Commonwealth Bank accounts that are in your name.

From Account

Account Name

BSB

Account Number

Transfer Description

Transfer Amount

In words

To 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.

Account Name

BSB

Account Number

Description on Recipient’s Statement



Adviser Initiated Transfers

Adviser(s) or Authorised Signatory(s) with authority to operate on the ACA are able to request the following transfers from the ACA to a:

- a bank account held with another financial institution in the same name.
- a Commonwealth Bank account in a third party name.
- a bank account held with another financial institution in a third party name.

Account Holder Initiated Transfers

To transfer funds from another Commonwealth Bank account to the ACA provided, both accounts must be in the same name. Account Holder signature/s are required for this request.

Where the account's method of operation or the Authority to Operate requires more than 1 signature, the relevant signatories must sign this form.

Adviser/Account Holder 1

Name

Signature

Date

Adviser/Account Holder 2

Name

Signature

Date

If there are more than 2 account holders or authorised signatories, please photocopy this page, complete this section and attach to the form.