


# Term Deposit Application for Existing ACA Clients

**Form ID: 3016**

**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**

 Use this form to request funds from your clients' Accelerator Cash Account (ACA) to be placed on Term Deposit (TD). You can also use this form to renew, pre-pay or withdraw from your Term Deposit. If your client's ACA was established before 1 July 2017 they will need to complete a tax residency self-certification form and attach it to this form. (Please note that all prepayments are subject to 31 days' notice and prepayment costs will apply).

**Section 1 – ACA or Existing Term Deposit Details**

**MANDATORY**

Account Name

BSB

Account Number

**Section 2 – Term Deposit Options**

**MANDATORY**

Please select the type of Term Deposit option you are requesting, complete the relevant section/s and sign the form:

- New Term Deposit – Section 3
- Renew Term Deposit – Section 3
- Prepay Term Deposit – Sections 3 & 4
- Withdraw full balance at Maturity – Section 4

**Section 3 – Term Deposit Details**

**Investment Amount** (\$5,000 minimum for new TD)

In words

**Investment Term** (1 to 60 months for new/renewing TD)

**Interest Payment Frequency**

- 4 weekly
- 6 monthly
- Annually

**Interest Payment Option**

- Pay interest to my Accelerator Cash Account
- Add interest to my Term Deposit
- Pay interest to another account – please complete Section 4

Please contact CommSec Adviser Services to obtain the Term Deposit Rate and Quote Number (if applicable)

**Term Deposit Rate**

**Quote Number** (if applicable)


**Section 4 – Interest, Maturity or Prepayment Bank Account Details (only applicable if interest is paid to an account other than the ACA)**

Account Name

BSB

Account Number

**Section 5 – Adviser/Account Holder Declaration & Signature**

 Adviser(s) or Authorised Signatory(s) completing this form must have an Authority to Operate on the client's Accelerator Cash Account.

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

By signing below, I confirm that I have received, or provided my client with, a copy of the Term Deposit General Information and Terms and Conditions, and request Commsec Adviser Services to process these instructions.

**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.