



Portfolio Services, Trading and Cash Application

Share Trading and Portfolio Services are services provided by Australian Investment Exchange Ltd (AUSIEX)
ABN 71 076 515 930 AFSL 241400, a Participant of the ASX Group and Chi-X Australia.



Please refer to the 'Application Guide' at the end of this form for guidance on completing this application form and other documentation that may be required.

Where to send the completed application form?

Once completed and signed, please return the application form by email (preferred) or fax to the details listed at the top of this page.

Please note that we must receive the original completed Power of Attorney by post to:

Australian Investment Exchange Ltd
Portfolio Operations
Reply Paid 84118
Perth BC WA 6849

Account Options

Which account type would you like to complete this application for?

- Individual Joint
- SMSF/Trust – Individual/Joint as trustee
- SMSF/Trust – Company as trustee
- Company Other

What products do you wish to apply for?

- Share Trading and Portfolio Services reporting accounts

Or

- Share Trading, CBA Accelerator Cash Account (ACA) and Portfolio Services reporting accounts

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

- No
- Yes (If Yes: please complete and return the supplementary Entity Classification (W-8BAR-E) Form with the completed Account Application Form).

Or

- Upgrade an existing account:

1) If you are **upgrading an existing trading account** to include Portfolio Services, please complete the following:

Trading Account Number

HIN

(To open an ACA in addition to your new Portfolio Services account, please complete section 6).

2) If you are **upgrading an existing ACA account** to include Portfolio Services reporting, please complete the following:

ACA BSB

ACA Account number

What type of Portfolio Services Account are you applying for?

- Portfolio Services
- Portfolio Services & Options
- Portfolio Services & BT Margin Lending
- Portfolio Services & Leveraged Equities Margin Lending



If you wish to settle to an investment loan account, please complete the relevant application form to establish the investment loan **prior** to completing this form.

If you wish to trade in options, please complete the application form in the Exchange Traded Options Product Disclosure Statement.



Where to from here?

All applicants – Please start by providing adviser details in Section 1.

Section 1 – Primary Adviser Details

Adviser Code or Current Username

MANDATORY

Adviser Name

Company Name

Contact Number

Contact Email

Brokerage Code (optional)



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 for Accelerator Cash Account Applicants Only)

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 for Accelerator Cash Account Applicants Only)

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 4)

Country

Tax Identification No.

Country

Tax Identification No.

Countries of Citizenship (mandatory for Accelerator Cash Account Applicants Only)

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)

Online access

 (refer Explanatory Note 2)

Nominate a Username and Temporary Password below (if you have an existing Username this will be used)

Username (6 to 16 alphanumeric characters)

Temporary Login Password (6 to 16 alphanumeric characters, and must not contain the word "password")

You **must** provide a Temporary Login Password for online access. Please make a note of the Temporary Login Password you have nominated as you will be asked to change your Password upon your first login.

Identification

If you did not identify yourself as an existing share trading or ACA customer in the 'Account Details' section on page 1, you will need to select one of the options below.

- If you are an existing Commonwealth Bank customer, please supply 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.)

Section 2 – Personal Details (continued)

Overseas Applicants Only

Reason for seeking account in Australia

Applicant 2/Director 2/Trustee 2

In what capacity are you completing this section:

Individual Director/Secretary Trustee



For joint accounts, statements and notices will only be posted to the first applicant's Postal Address.

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Other name/s commonly known by (if applicable)

Date of Birth

Gender

DD / MM / YYYY

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)

Countries of Residence (mandatory for Accelerator Cash Account Applicants Only)

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 for Accelerator Cash Account Applicants Only)

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 4)

Country

Tax Identification No.

Country

Tax Identification No.

Countries of Citizenship (mandatory for Accelerator Cash Account Applicants Only)

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)

- - -

Online access (refer Explanatory Note 2)

Nominate a Username and Temporary Password below
(if you have an existing Username this will be used)

Username (6 to 16 alphanumeric characters)

Temporary Login Password (6 to 16 alphanumeric characters, and must not contain the word "password")

You **must** provide a Temporary Login Password for online access. Please make a note of the Temporary Login Password you have nominated. You will be asked to change your Password upon your first login.

Section 2 – Personal Details (continued)

Identification

If you did not identify yourself as an existing share trading or ACA customer in the 'Account Details' section on page 1, you will need to select one of the options below.

- If you are an existing Commonwealth Bank customer, please supply 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



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 your Settlement details in Section 5.

Section 3 – Company Details

Company Name

Australian Company Number (ACN)

Registered Business Name

What type of Company is applying? (mandatory)

- Public Proprietary/Private

Was the Company established in Australia? (mandatory)

- Yes No

Is the Company operating as a charity? (mandatory)

- Yes No

If yes, what is the purpose of the charity?

ABN and TFN Details

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

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

Company Industry Category and Type (mandatory)

(see *Job and Industry Classifications List* available from 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')

Company Industry Category

Company Industry Type

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 investment income.

- Yes No

If Yes, complete the next question.



If you are a Company Trustee of a SMSF, you are not required to complete the following question. Please go to Address Details.

Are any Company Applicant(s), Director(s) or Shareholder(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 **Or**, complete the following:

Registered Business Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Section 3 – Company Details (continue)

Postal Address Same as Registered Business Address

State	Postcode
Country (if not Australia)	

Principal Place of Business (cannot be a PO Box)

Same as Registered Business Address

State	Postcode
Country (if not Australia)	

Contact Details

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

Email Address

Phone

Additional Director Details

Please list the full name/s of **all** Additional Directors of the domestic proprietary or foreign company that are not listed as an Applicant in Section 2. If there are more than 2 Additional Directors, please photocopy this section, complete and attach to your Application.

Additional Director 1

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Additional Director 2

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Beneficial Owner Details - (mandatory for Proprietary/Private Companies)

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 next page.

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

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

Select one of the options below:

- 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

Select one of the options below:

- 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.)

Section 3 – Company Details (continue)

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

Select one of the options below:

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 an 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 4)



Where to from here?

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

Otherwise – Please complete your Settlement 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)

Please provide an abbreviated version of the full name of the trust (up to 23 characters, including spaces).

The words or reference to “trust”, “as trustee for”, “trustee”, “ATF”, “Testamentary” should not be used in Account Designation as it will not be accepted by CHESS.

A/C

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.

Section 4 – Trust Details (continued)

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

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. 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 (if formal trust).

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

Gender

Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State	Postcode
Country (if not Australia)	

Identification

Select one of the options below:

- 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

Select one of the options below:

- 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

Section 4 – Trust Details (continued)

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?



Where to from here?

All Applicants – Please complete your Settlement details in Section 5.

Section 5 – Settlement Options

Please complete either the nominated bank account details or Third Party Settlement details if you wish to settle from an existing third party settlement provider.

Nominated bank account

You must provide a nominated bank account to settle your share trades and/or other subscriptions on your account. The nominated bank account must be in the same name/s provided in this application.

New CBA ACA
(please complete Section 6)

Or

Existing Account (CBA ACA or Macquarie Cash Management Account only)

Account Name

BSB

Account Number

Or

Third Party Settlement

(e.g. Margin Loan)

Complete only if you intend to settle your share trading transactions through a Third Party Settlement provider.

Third Party Settlement Provider (e.g. Margin Lender)

Third Party Settlement PID

Third Party Account Number

Third Party Settlement Account Name

Third Party Contact Person (if known)

Third Party Contact Number (if known)



Where to from here?

If you selected 'New CBA ACA' – Please complete Section 6.

For CHESS Sponsorship Requests – Please complete Section 7.

If you chose the 'Identification for Individuals and Trust' identification option in section 2, 3 or 4 – Please proceed to Section 8.

Otherwise:

Portfolio Services Applicants – Proceed to section 9 to select your Fee Option.

Share Trading-only applicants – Proceed to the Client Declaration in section 12.

Section 6 – CBA Accelerator Cash Account

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.



The Accelerator Cash Account is a product of the Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945 (the Bank) and administered by the Participant. The Participant is a wholly owned but non-guaranteed subsidiary of the Bank.

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

Is a cheque 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.

Account Access

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

Applicant 1

Is ATM/EFTPOS access required?

No
 Yes, issue a new Keycard
 Yes, link to an existing Commonwealth Bank card

Existing Card Number

 - -

 -

Is NetBank Access required?

No Yes *^

Applicant 2

Is ATM/EFTPOS access required?

No
 Yes, issue a new Keycard
 Yes, link to an existing Commonwealth Bank card

Existing Card Number

 - -

 -

Is NetBank Access required?

No Yes *^

* If you are an existing NetBank customer, your new account will be added to your NetBank login. If you do not currently have access to NetBank, we will automatically create login details for you.

^ In order for a NetBank login to be created, you must provide both an email address **and** a mobile number in the contact details of this form.

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)

We will automatically send your BSB and Account Number to the share registries for all existing and new holdings each time you purchase securities on your CHESS Sponsored Share Trading Account with the Participant.



Not all companies or share registries support electronic payment of dividends or their direction. If you hold shares in one of these companies, you may still receive dividend cheques to your registered address.

For Trusts Only

Are the funds in this account held in trust?

No Yes

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.

Section 6 – CBA Accelerator Cash Account (continued)

Account Use

Are you opening this account wholly or predominantly for personal or domestic use?

No Yes

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).



Where to from here?

For CHES Sponsorship Requests – Please complete Section 7.

If you chose the 'Identification for Individuals and Trust' identification option in section 2 - Please proceed to Section 8.

Otherwise:

Portfolio Services Applicants – Proceed to section 9 to select your Fee Option.

Share Trading-only applicants – Proceed to the Client Declaration in section 12.

Section 7 – CHES Sponsorship Request

Your trading account will be CHES sponsored by the Participant unless you have provided Third Party Settlement details.



The Name and registration detail that appears on your current registered holdings **must** be the same as that which appears on your Share Trading Account. If this requirement is not met any request to transfer holdings may be delayed or rejected.

Please tick the option/s you are requesting:

ISSUER to BROKER SPONSORSHIP

Transfer my/our Issuer Participant Sponsored Holdings to the Participant. (Please attach copies of all relevant Holdings Statements)

Securityholder Reference Number (SRN)

ASX Code or Security Name

Qty

Securityholder Reference Number (SRN)

ASX Code or Security Name

Qty

Securityholder Reference Number (SRN)

ASX Code or Security Name

Qty

Securityholder Reference Number (SRN)

ASX Code or Security Name

Qty

I/We authorise the Participant to convert the above listed Holding/s into my/our Share Trading Account.

BROKER to BROKER TRANSFER

You may select to either transfer all or part of your existing broker holdings.

Existing Broker Name:

PID:

HIN:

A/C:

New Broker Name:

 Australian Investment Exchange Ltd

PID: 0 6 3 8 1

In the event of any mismatch of registration details, I authorise the Participant to make changes to my Holder Identification Number (HIN) registration details in accordance with the information I have provided in my application form.

Broker to Broker Transfer Instructions:

a) Transfer **all** Broker Sponsored Holdings to the Participant (we will transfer your HIN).

or

b) Transfer only the following existing Broker Sponsored Holdings to the Participant.

ASX Code or Security Name

Qty



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 8.

Otherwise:

Portfolio Services Applicants – Proceed to section 9 to select your Fee Option.

Share Trading-only applicants – Proceed to the Client Declaration in section 12.

Section 8 – 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 applicants, 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 Beneficial Owner 1/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 2/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

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

Section 8 – Identification for Individuals and Trust (continued)

ID Document Details Beneficial Owner 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?

Portfolio Services Applicants – Proceed to section 9 to select your Fee Option.

Share Trading-only applicants – Proceed to the Client Declaration in section 12.

Section 9 – Fee Options

Complete either the single or household option as appropriate

Single Account

OR

Household Account

(i.e. the account/s are part of a household or group of accounts. You cannot household Options accounts.)

Account Numbers to be included in Household

Approximate Account Value



Where to from here?

All Applicants – Please select your Reporting Options in the next section.

Section 10 – Reporting Options

If account is over \$250,000, please indicate reporting frequency

Monthly Quarterly

Household Options

- Consolidated – Accounts of the same entity are consolidated into a single view
- Grouped – Grouping ensures reports for different accounts are sent to the header account address in the same envelope
- Consolidated and Grouped – Same entities to be consolidated and separate entities to be grouped



Where to from here?

All Applicants – Please complete the Required Details in the next section.

Section 11 – Required Details

Dividends

Is automatic registration in DRPs required? Yes No

Company or Superannuation Fund Account

Is an IAS or BAS statement required? Yes No

Is the account registered for GST purposes? Yes No

Non-resident

Is the client a non-resident for taxation purposes? Yes No

If yes, please ensure a GST declaration form is completed.



Where to from here?

All Applicants – Please complete the Client Declaration in the next section.

Section 12 – Client Declaration

All applicants must sign this declaration

I/We the undersigned (being the applicant/s):

1. Declare that the information I/we provided to you in my/our application is complete and correct and acknowledge that it will form part of the contract.
2. Acknowledge that the name of individual persons given in this application are true and correct and that the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure.
3. Consent to the collection, use and exchange of my/our personal information as set out in the Customer Information and Privacy sections of the Terms and Conditions for each product I/we are applying for.

Declaration to the Share Trading Terms and Conditions

1. I/We, the Applicant/s acknowledge that we have been supplied with, and read, the Participant's Financial Services Guide and Share Trading Terms and Conditions prior to receiving any financial service from the Participant.
2. I/We, the Applicant/s, agree to be sponsored by the Participant under the terms of the Participant Sponsorship Agreement. I/We have read and agree to accept and abide by the terms of the Agreement, and have been supplied with, read and understood the written explanation of the implications of those terms.
3. I/We, the Applicant/s, authorise the adviser to open a Share Trading Account with the Participant and to give instruction to the Participant on the Account on my/our behalf.
4. I/We, the Applicant/s, acknowledge that as a result of my/our Share Trading Account managed by my adviser with the Participant having Straight Through Processing (an automated processing of a securities trade through the Market Operator's trading system) it is possible that any orders on my/our Account may be matched with another order also placed by the Participant. This "crossing" may be with an order by another client of the Participant or by the Participant itself.
5. I/We authorise and request Australian Investment Exchange Ltd (APCA User ID no. 093993 – Debit and 093 992 – Credit) to arrange for funds to be debited from/credited to my/our accounts as specified in this Application through the Bulk Electronic Clearing System (BECS). I/We acknowledge that this authority is governed by and will remain in force in accordance with the Direct Debit/ Credit Request Service Agreement section of the Share Trading Terms and Conditions governing each product I/we are applying for.
6. I/We, the Applicant/s, acknowledge and agree that all confirmations are to be sent electronically to my/our email and where the confirmation is posted, that a charge will apply.
7. I/We authorise the Participant to accept instructions on my/our behalf from my/our adviser and confirm that my/our adviser has the power to do the following in my/our name and on my/our behalf from time to time:
 - (a) To have access to, receive, and enquire about information pertaining to an account;
 - (b) to acquire, buy, deal with and dispose of, or sell any financial products;
 - (c) to provide authorisation to make and receive payment for any financial products transactions and attendant expenses by any means whatsoever and to give a goods receipts and discharges for the proceeds and sales on financial products and other monies;
 - (d) to execute all contracts and other documents necessary or proper for the custody, dealing and transfer of financial products and related matters.
 - (e) To receive, hold, or arrange custody of evidence or title to financial products;

(f) to exercise all rights, obligations, duties, and privileges now and in the future with regard to transacting in financial products that pertain to me as the holder of financial products;

8. I/We accept that my/our adviser has access to all information relating to transactions undertaken in relation to dealings with the Participant.
9. I/We acknowledge that my/our adviser or the Adviser's named licensee may delegate the authorisation in clause 7 above to persons nominated by the Licence Holder from time to time.
10. I/We, the Applicant/s, declare that I/we have the legal capacity to make these declarations, accept the conditions and enter into the agreements referred to in the points above.
11. I/We have obtained the consent of any individual(s) whose personal information is provided in this application. They acknowledge and consent to the collection, use or exchange of their information in accordance with the Participant's Privacy Policy.

For Trusts only:

I/We:

- (a) Warrant that the trust deed/instrument authorises the opening and operation of the account as contemplated by this Application, and
- (b) Warrant that authority has been given by signature of the trustee/s, or where the trustee is a company, by resolution passed at a legally constituted meeting of director/s of the company for the opening and operation of the account/s in the name of and on the terms and conditions and in the manner set out in this Application.

For CBA Accelerator Cash Account Applicants only:

1. I/We have been given a copy of the Accelerator Cash Account and Term Deposit General Information, 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 below.
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 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.
7. 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.

Section 12 – Client Declaration (continued)

8. (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.
9. 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.

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

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

Declaration to Portfolio Services Terms and Conditions

1. I/we hereby apply to participate in Portfolio Services on the terms and conditions set out in the Client Agreement and the current Fee Schedule, which I have read and agree to be bound by.
2. I/we understand that Ausiex may, in its absolute discretion, accept or reject my application and is not liable in respect of any loss incurred by me as a result of its decision.
3. I/we acknowledge that it is my Investment Adviser's responsibility to provide me with a Financial Services Guide. Any disputes between myself/ourselves and Ausiex will be settled according to the process stipulated in the Client Agreement.
4. I/We understand and acknowledge that the law requires signatories to provide true and correct information and state all the names by which they are commonly known. I also understand the law prohibits the use of false names, as well as giving, use or production of false or misleading information or documents in connection with the provision of financial services and the making, possession or use of a false document in connection with an identification procedure.
5. I/We consent to the collection, use and exchange of my/our personal information as set out in the Customer Information and Privacy section of the Portfolio Services Client Agreement.
6. I/We declare that the details as shown on this form are complete and correct.
7. I/we understand that changes to Portfolio Services (addition or removal) are unable to be processed whilst there exist trades in the market on my/our account.

Signature of Applicant 1
/Director 1/Trustee 1

Date

X

DD / MM / YYYY

Signature of Applicant 2
/Director 2/Trustee 2

Date

X

DD / MM / YYYY

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

Section 13 – Adviser Declaration

1. As the adviser, I agree that the above client has been provided with and read, the Participant's Financial Services Guide and Client Agreement (Terms and Conditions) prior to receiving any financial service from the Participant.
2. I have been appointed by the applicant/s as their client adviser and I have identified the applicant/s and where applicable the Trust. I have performed the necessary identification checks required by law and any other relevant authority and I have sufficient evidence of this check that will be kept for seven years. Commonwealth Bank of Australia is authorised to take instruction/s from this client's adviser on behalf of the applicant/s.
3. As the adviser, I acknowledge that the Participant relies upon us to perform the necessary ID check in order to satisfy their requirements and that the Participant can request copies of identification at any time. I acknowledge that the process for providing assurance of client identification to the Participant may change, at the Participant's discretion, at any time.
4. As the adviser, I acknowledge that I will send a copy of all documents used to verify my client's details to the Participant together with the application form.
5. I acknowledge that the copy must be made from an original document and include a statement "This is a true copy of the original document" (or similar wording) and my signature.

For CBA Accelerator Cash Account Applicants only:

6. I have provided the applicant/s with the Accelerator Cash Account and Term Deposit General Information, Terms and Conditions and Standard Fees and Charges documents.
7. As the adviser, I understand that commissions are not payable for the CBA 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.
8. As the adviser, I declare that the FATCA information provided is reasonable considering the documentation provided.

Adviser Name

Signature of adviser

Date

X

DD / MM / YYYY



Where to from here?

If you completed Section 6 and wish to provide your adviser Authority to Operate your Cash Account – please complete Section 14.

If you wish to provide Ausix with the authority to operate your account (recommended) – Please complete the Power of Attorney.

Please complete, sign and return the Portfolio Services Fee Schedule in all circumstances.

Please note that we must receive the original completed Power of Attorney by post to:

**Australian Investment Exchange Ltd
Portfolio Operations
Reply Paid 84118
Perth BC WA 6849**

To provide tax information for securities held on your portfolio – Please complete the Asset Schedule.

If you meet the wholesale client criteria for the payment of commissions for your CBA ACA account - please complete the Wholesale Client Form available from the website and provide any necessary supporting documentation with the completed Application Form.

If not, you are now complete:

- Please email (preferred or fax your completed Application Form to us to the details on the front of this application.
- Where your forms are completed correctly and all required documentation is received, we will activate your new trading account within 2 business days.
- Your Adviser will receive an email notification from us once your account has been established



- Please ensure that you have made a note of your Username and Temporary Login Password so that you can access your share trading account as soon as it has been activated. You must make a reasonable attempt to disguise your Username and Temporary Login Password if you write it down – that is scramble details in such a way that others will not be able to decode it.

Section 14 – Adviser Authority to Operate on your Cash Account



Only complete the below information if you completed Section 6 and would like to provide your adviser with authority to conduct transactions on your ACA.

I/We authorise my/our adviser (Authorised Adviser) as set out below to act on my/our behalf on the ACA 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 (the Bank).

Adviser Authorities

- (a) I/We authorise the Bank to act on instructions received from my/our Authorised Adviser/s (including their employees, agents and contractors) 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/our 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;
 - 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

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;
 - Place money on term deposit with the Bank in my/our 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.

Section 14 – Adviser Authority to Operate on your Cash Account (continued)

Applicant/s Signature/s

Applicant 1/Director 1/Trustee 1

Signature

Date

X

DD / MM / YYYY

Applicant 2/Director 2/Trustee 2

Signature

Date

X

DD / MM / YYYY

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

Authorised Adviser/s Signature/s

Adviser 1

Signature

Date

X

DD / MM / YYYY

Adviser 2

Signature

Date

X

DD / MM / YYYY

Please return this original completed Power of Attorney by post to
Australian Investment Exchange Ltd
Portfolio Operations
Reply Paid 84118
Perth BC WA 6849

Adviser Code	<input type="text"/>
Account Number/s	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Certified as a true and correct copy on the ____ day of _____.	
Signature	<input checked="" type="text"/>
Name	<input type="text"/>
Title	<input type="text"/>
<i>These fields are for office use only.</i>	

Power of Attorney

A - TERMS AND CONDITIONS

By this POWER OF ATTORNEY the Client (or each of them if more than one) whose details appear below ('Client') appoints Australian Investment Exchange Limited ABN 71 076 515 930 of Ground Floor, Tower 1, 201 Sussex Street Sydney NSW 2000 and any officer or employee of Ausiex authorised for that purpose ('Attorney') jointly and severally to be the Client's attorney and in the Client's name and on the Client's behalf to:

- (a) open accounts (including a cash management account or investment account) with any bank, financial institution or financial service provider ('Accounts');
 - (b) provide the Client's tax file number and other information about the Client which is required to open the Accounts;
 - (c) buy, apply or subscribe for, and accept transfers of securities and derivatives (but not futures contracts) and any associated rights;
 - (d) sell, transfer, or request the repurchase or redemption of securities and derivatives (but not futures contracts) and any associated rights belonging to the Client;
 - (e) change registration details of the Client's securities and derivatives (but not futures contracts) in the Client's name (but not so as to effect a transfer of those securities or derivatives);
 - (f) to operate the Accounts in all respects including, without limitation, drawing cheques and making payments to third parties on the Client's behalf;
 - (g) to operate margin loan accounts on behalf of the Client, including drawing or repaying a loan in whole or part and changing the contact details of the Client;
 - (h) to close accounts, including margin loan accounts, where necessary;
 - (i) to undertake all associated responsibilities and do all things necessary to carry out the above actions, including employing and paying brokers, dealers and other agents, paying any fees, and executing all deeds, transfers and other instruments; and
 - (j) to complete tax documentation, including but not limited to US tax documentation.
- AND to do all things necessary or expedient to give effect to the documents referred to above.
 The Client hereby agrees and acknowledges:
- (a) to ratify any acts done by the Attorney;
 - (b) that anything done by the Attorney pursuant to this power of attorney will be binding on the Client as if those acts had been done by the Client;
 - (c) to indemnify and keep indemnified the Attorney against all claims, losses and expenses arising from the exercise of this power of attorney;
 - (d) that any person or corporation dealing with the Attorney may accept in good faith a written statement signed by the Attorney to the effect that this power of attorney has not been revoked as conclusive evidence of that fact;
 - (e) that this power of attorney will remain in full force and effect until notice of the death of the Client or the revocation of this power of attorney is received by the Attorney. Notice of the revocation of this power of attorney must be in writing;
 - (f) that the Attorney may exercise its powers under this power of attorney even if the Attorney or one of its associates benefit from the exercise of that power; and
 - (g) that the exercise by the Attorney of any power under this power of attorney does not imply an assumption of personal liability by the Attorney on the exercising of the power.

B - ACCOUNT DETAILS

Please print your account name and address (not PO Box numbers)

Account Name/s	<input type="text"/>		
Account Designation	<input type="text"/>		
Address Details	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text"/>	ACN/ABN (For Companies)	<input type="text"/>

C - EXECUTION

EXECUTED as a Deed by the Client(s):

Print Name(s)	Signature(s)	If Client is a Company:
<input type="checkbox"/> <input type="text"/> Applicant 1	<input checked="" type="text"/> Individual/Director/Sole Director & Sole Company Secretary	<input type="text"/> Common Seal (if applicable)
<input type="checkbox"/> <input type="text"/> Applicant 2	<input checked="" type="text"/> Individual/Director/Company Secretary	
<input type="checkbox"/> <input type="text"/> Applicant 3	<input checked="" type="text"/> Individual/Director	

on the day of 201

In the presence of: (Witness details)

Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text"/>	Signature	<input checked="" type="text"/>

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Adviser Code	<input type="text"/>
Account Number/s	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Portfolio Services Fee Schedule

A - TERMS AND CONDITIONS

- The Fees are calculated daily on the day's ending balance as Australian Investment Exchange Ltd (Ausix) determines, and are debited and payable on or about the fifth last Business Day of the month, as Ausix determines. The rates are subject to variation by Ausix.
- Cash Balances
 - If a CBA Accelerator Cash Account is selected as the linked cash account then the balance of the Accelerator Cash Account will NOT be included in the below Administration Rate Fee calculation
 - If any account other than the CBA Accelerator Cash Account is selected as the linked cash account then the cash balance will be included for fee calculations.
- For Household accounts, the total Fee will be based on the combined portfolio value of the Client's investments in all accounts. The prorate Fee will be charged to each account based on that account's value as a percentage of the combined value of all accounts. For Margin Lending accounts the Adviser Management Fee will not be incorporated into householding arrangements for the purposes of fee calculations.
- In addition to the Fee, the Client will be responsible for other charges, costs and expenses levied by third parties in respect of activities in relation to the account, and for brokerage, trading commission and any other charges, costs and expenses payable by the Client to the Sponsoring Broker or the Approved Broker. All applicable taxes in respect of the account, including goods and services tax, will be payable by the Client.
- Ausix reserve the right to charge an additional fee for carrying out duties that do not form part of the Services outlined in Section 2 of the Client Agreement. The Client will be charged an hourly rate of \$55 for each hour or part thereof with a minimum fee of \$110 subject to variation in accordance with clause 9 of the Client Agreement. Ausix will notify the Client in advance if this fee is to be levied.
- A monthly administration fee of \$55 (including GST) will be charged to accounts trading in options ("Options Administration Fee").

B - PORTFOLIO SERVICES FEE SCHEDULE

The fees are charged based on a percentage of the value of a Client's Investments as set out in the following tables (**SELECT FEE SCHEDULE TO BE USED**):

Option A: Tiered Adviser Management Rates

Include CBA Accelerator Cash Account balance in Adviser Management Rate fee calculation

Option B: Flat Dollar Adviser Management Fee

Value of Client's Investments	Admin Rate (incl GST)	Adviser Management Rate (incl GST)	Total Rate (incl GST)
\$0 - \$250,000	0.30%	%	%
\$250,001 - \$500,000	0.25%	%	%
\$500,001 - \$1,000,000	0.20%	%	%
\$1,000,001 - \$1,500,000	0.15%	%	%
\$1,500,001 - \$5,000,000	0.00%	%	%
Greater than \$5,000,000 by negotiation	%	%	%

Value of Client's Investments	Admin Rate (incl GST)	Adviser Management Rate (incl GST)*
\$0 - \$250,000	0.30%	\$
\$250,001 - \$500,000	0.25%	
\$500,001 - \$1,000,000	0.20%	
\$1,000,001 - \$1,500,000	0.15%	
\$1,500,001 - \$5,000,000	0.00%	
Greater than \$5,000,000 by negotiation	%	

*where a portfolio includes leveraged products a flat dollar Adviser Management Fee must be applied and a tiered Adviser Management rate for the linked second Portfolio Services account must be selected

Minimum monthly fee of

Admin Fee (incl GST)	Adviser Management Fee* (inc GST)
\$44	\$

per Portfolio Service Account

*Must be the same as the flat dollar fee where applicable

C - ACCOUNT DETAILS

Please print your account name and address (not PO Box numbers)

Account Name	<input type="text"/>		
Account Designation	<input type="text"/>		
Address Details	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Postcode	<input type="text"/>
	ACN/ABN (For Companies)		<input type="text"/>

D - EXECUTION

EXECUTED as a Deed by the Client(s):

Print Name(s)	Signature(s)	If Client is a Company: Common Seal (if applicable)
<input type="checkbox"/> <input type="text"/>	<input checked="" type="checkbox"/> <input type="text"/>	
Applicant 1	Individual/Director/Sole Director & Sole Company Secretary	
<input type="checkbox"/> <input type="text"/>	<input checked="" type="checkbox"/> <input type="text"/>	
Applicant 2	Individual/Director/Company Secretary	
<input type="checkbox"/> <input type="text"/>	<input checked="" type="checkbox"/> <input type="text"/>	
Applicant 3	Individual/Director	

on the day of 201

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Portfolio Services, Trading and Cash Application Guide

This application guide provides additional information that may assist you in filing out the application form. The application comprises multiple sections. Please refer to the matrix below to determine which sections are applicable to your application. Once completed and signed, please return the application form by email or fax (**Please note that we must receive the original completed Power of Attorney by post to Australian Investment Exchange Ltd Portfolio Operations, Reply Paid 84118, Perth BC WA 6849**).



Identification and Documents Required

- Please note all fields are **mandatory** to complete within each required section unless otherwise specified.
- We are required by law to identify applicants, including Beneficial Owners of Companies and Additional Trustees of Trusts. All Individuals who **are not** existing clients need to provide evidence of identification as per the options provided in the relevant sections of the application form. **See the Identification Documentation Requirements available from the website for more information.**
- If you elect an identification method which requires you to provide supporting documents, then,
 - Proof of identification documents must be in the exact same details provided in this application;
 - If you are providing certified copies of ID, a photocopy must be made from the original document and include a statement “This is a true copy of the original document” (or similar wording) and the agent’s signature.
 - If using a non-CBA cash account, please supply a:
 - photocopy of cash account application; and a
 - photocopy of the Third Party Authority Form for the non-CBA Cash Account (this form is required for AUSIEX to debit management fees from your cash account).
 - Please ensure your Third Party Authority Form is submitted to your cash management provider prior to applying for Portfolio Services.
 - For Accelerator Cash Account applicants, 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.

APPLICATION INSTRUCTIONS – NEW CUSTOMERS

Account Type	Mandatory Sections	May be Applicable	Instructions
Individual e.g. Peter John Brown	1, 2, 5, 9, 10, 11, 12, 13 & Portfolio Services Fee Schedule	6 & 14 – CBA ACA clients 7 – Clients transferring stock from another broker 8 – Non-CBA Customers Power of Attorney – To provide Ausiex with the authority to operate your account (recommended) Asset Schedule – To provide tax information for securities held on your portfolio.	No Account Designation or Trust Use full given and last names of individual. Individual to sign
Joint e.g. Peter John Brown & Susan Alice Brown	1, 2, 5, 9, 10, 11, 12, 13 & Portfolio Services Fee Schedule	6 & 14 – CBA ACA clients 7 – Clients transferring stock from another broker 8 – Non-CBA Customers Power of Attorney – To provide Ausiex with the authority to operate your account (recommended) Asset Schedule – To provide tax information for securities held on your portfolio.	No Account Designation or Trust Use full given and last names of individuals All individuals to sign
Company e.g. Bokum Pty Ltd	1, 2, 3, 5, 9, 10, 11, 12, 13 & Portfolio Services Fee Schedule	6 & 14 – CBA ACA clients 7 – Clients transferring stock from another broker 8 – Non-CBA Customers Power of Attorney – To provide Ausiex with the authority to operate your account (recommended) Asset Schedule – To provide tax information for securities held on your portfolio.	No Account Designation Use full company name At least 2 company officers (2 Directors, or 1 Director and 1 Secretary) or Sole Director/Secretary to sign
Trust (Individual as Trustee) e.g. Peter John Brown & Susan Alice Brown	1, 2, 4, 5, 9, 10, 11, 12, 13 & Portfolio Services Fee Schedule	6 & 14 – CBA ACA clients 7 – Clients transferring stock from another broker 8 – Non-CBA Customers Power of Attorney – To provide Ausiex with the authority to operate your account (recommended) Asset Schedule – To provide tax information for securities held on your portfolio.	Account Designation: Brown Family A/C The words “as trustee for” or “trust” should not be used. Use name/s of trustee/s or custodian/s instead of trust name, fund name or name of minor. For Superannuation Fund, “S/F” should be used in place of “Super Fund”. All trustees to sign
Trust (Company as Trustee) e.g. Bokum Pty Ltd	1, 2, 3, 4, 5, 9, 10, 11, 12, 13 & Portfolio Services Fee Schedule	6 & 14 – CBA ACA clients 7 – Clients transferring stock from another broker 8 – Non-CBA Customers Power of Attorney – To provide Ausiex with the authority to operate your account (recommended) Asset Schedule – To provide tax information for securities held on your portfolio.	Account Designation: Bokum Family A/C The words “as trustee for” or “trust” should not be used. Use name/s of trustee/s or custodian/s instead of trust name, fund name or name of minor. For Superannuation Fund, “S/F” should be used in place of “Super Fund”. All trustees to sign

APPLICATION INSTRUCTIONS – EXISTING CUSTOMERS UPGRADING TO PORTFOLIO SERVICES

If you are upgrading an existing CommSec Adviser Services Share Trading and/or ACA to include a Portfolio Services account, complete sections 9, 10, 11, 12, 13 & the Portfolio Services Fee Schedule.

Please also refer to, and complete, the details in the **Account Options** section on page 1 for further instructions.

Explanatory Notes

1. AUSTRALIAN BUSINESS NUMBER (ABN), TAX FILE NUMBER (TFN) OR EXEMPTION CODE

Providing your ABN, TFN or Exemption Code 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.

If you quote your TFN or ABN, you authorise the Participant to disclose it to its related bodies corporate, ASX Settlement Corporation, the provider of your cash management account, trustees, sponsors of your shareholdings and their agents and other issuers of securities for purposes relating to the securities in the trading account.

TFN and Trusts

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

Informal trust – 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. USERNAME

If your nominated Username is already in use, we will nominate a similar alternative on your behalf. You will receive confirmation of your Username with your Welcome Letter or Email.

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)

Please ensure that your account designation matches that of your CHESS registration name.

4. 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.