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Share Trading Account Application Form (Advised Clients)

Share Trading is a service provided by Australian Investment Exchange Ltd (the Participant, we, us, our) 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 Where to send the completed application form? Once completed and signed, please return the application form.	orm by email or fax to the details listed at the top of this page.
Which account type would you like to complete this application Individual Joint Company SMSF/Trust – In	ndividual/Joint as trustee SMSF/Trust – Company as trustee
Where to from here? All applicants – Please start by providing adviser details in Section 1.	Address Details Residential Address (cannot be a PO Box)
Section 1 – Primary Adviser Details Adviser Code or Current Username MANDATORY	State Postcode Country (if not Australia)
Adviser Name	Postal Address Same as Residential Address
Company Name	State Postcode Country (if not Australia)
Contact Number Contact Email Brokerage Code	CHESS Registration Address Please select one of the following for use as the CHESS registration address on this account: Postal Address Other (please complete below) Other CHESS Registration Address
Where to from here? All applicants – Please provide your personal details in Section 2. Section 2 – Personal Details	State Postcode Country (if not Australia) Contact Details Email Address (must be applicant's email address)
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 DD / MM / YYYY Male Female	Tick your preferred contact number Mobile Home Work Fax I do not wish to receive marketing and promotional material from the Participant Tax File Number or Exemption Code – optional (refer Explanatory Note 1) ———————————————————————————————————

Section 2 - Personal Details (continued)
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)
Do you require online access?
Yes No
If yes, 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
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 Individual 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 to the <i>Identification Documentation Requirements</i> available from the website for more information.)
Overseas Applicants Only
Occupation
Reason for seeking account in Australia

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Joint Applicants – Please complete this section to add additional applicants. (Photocopy and complete this section to add additional applicants if required).

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.

	2/Director 2/Trustee 2
In what cap	pacity are you completing this section:
Individu	ual Director/Secretary Trustee
	or joint accounts, statements and notices will only e posted to the first applicant's Postal Address.
Mr	Ms Mrs Miss Dr Other
Given Nam	e/s
Surname	
Other name	e/s commonly known by (if applicable)
Date of Bir	44/2004
Address D	
Same a	as Applicant 1
Or , comple	ete the following
Residentia	Address (cannot be a PO Box)
	State Postcode
Country (I	f not Australia)
Postal Add	lress Same as Residential Address
	State Postcode
Country (i	f not Australia)
Contact D	etails
Email Addı	ress (must be applicant's email address)
Tick your p	preferred contact number
Mobile	
Home	
Work	
Fax	()
	ot wish to receive marketing and promotional all from the Participant

Section 2 – Personal Details (continued)
Tax File Number or Exemption Code – optional
(refer Explanatory Note 1)
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) Do you require online access?
Yes No
If yes, 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")
Very proved preside a Terranavar Leadin Recovered for
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.
Identification
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
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 to the <i>Identification Documentation Requirements</i> available from the website for more information.)
Overseas Applicants Only
Occupation
Reason for seeking account in Australia

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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 (A	CN)
Registered Business Name	
ABN and TFN Details	
Australian Business Number (AE (refer Explanatory Note 1)	BN) - optional
Company Tax File Number (TFN) optional (refer Explanatory Note	
Industry Type (refer Explanatory	Note 3)
Address Details	
Registered Business Address (ca	nnot be a PO Box)
01.1	
State Country (if not Australia)	Postcode
Postal Address Same as Re	gistered Business Address
State	Postcode
Country (if not Australia)	1 0010000
Principal Place of Business (can	inot be a PO Box)
Same as Registered Busine	
Jame as negistered busines	33 Audi 633
State	Postcode
Country (if not Australia)	
CHESS Registration Address	
Please select one of the following registration address on this according to the contract of t	
Company Postal Address	
Or	
Other (please complete belo	ow)
Other CHESS Registration Addr	•
State	Postcode
Country (if not Australia)	

Section 3 – Company Details (continued)
Contact Details
Email Address
Phone
Is the company operating as a charity?
Yes No
If yes, what is the purpose of the charity?
Was the company established in Australia?
If no, please complete the next four questions
Country of formation/incorporation/registration
What is the company's business activity?
What is the purpose of seeking a share trading 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
Company Type
Additional Director Details
Please list the full name/s of all Additional Directors of the foreign company or domestic proprietary 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
Surrama
Surname

Shareholder Details If Proprietary/Private, please provide details of all individuals who are beneficial owners through one or more (direct/indirect) shareholdings of more than 25% of the company's issued capital. Shareholder 1
Same as Applicant 1
Or, complete the following
Mr Ms Mrs Miss Dr Other
Given Name/s
Surname
Residential Address (cannot be a PO Box)
State Postcode
Country (if not Australia) Shareholder 2
Same as Applicant 2
Or, complete the following
Mr Ms Mrs Miss Dr Other
Given Name/s
Surname
Residential Address (cannot be a PO Box)
State Postcode
Country (if not Australia)
Shareholder 3
Same as Applicant 3 (if applicable)
Or, complete the following
Mr Ms Mrs Miss Dr Other
Given Name/s
Surname
Residential Address (cannot be a PO Box)
State Postcode
Country (if not Australia)



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	What is the objective of the trust?
Trust Type	vinatio and objective of the tract.
SMSF Charity Informal Family Minor	What is the purpose of seeking an account in Australia?
Other, please specify below	What is the purpose of seeking an account in Australia:
	Identification
Full Trust Name (as per Trust Deed)	My adviser will complete the Identification for Individuals
	and Trust section of this application (preferred)
Account Decimation (on Drawn Femily Account)	My adviser will provide a Trust FSC/FPA ID Form (preferred)
Account Designation (e.g. Brown Family Account) (refer Explanatory Note 4) Please provide an abbreviated version of the full name of the trust (up to 23 characters, including spaces).	I will attach a certified copy of the front page of the Trust deed containing the trust name (and a deed of amendment if applicable) and showing the trustee's signature/s with witness signatures (if formal trust).
The words or reference to "trust", "as trustee for", "trustee",	Additional Trustee Details
"ATF", "TF" should not be used in Account Designation as it will not be accepted by CHESS.	If there are more than 2 trustees not already listed as
	applicants, please provide names and addresses for those additional trustees.
ARN and TEN Batalla	For any additional trustees please photocopy this section, complete and attach to your application.
ABN and TFN Details Australian Business Number (ABN) – optional	Additional Trustee 1
(refer Explanatory Note 1)	☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr Other ☐
	Given Name/s
Trust Tax File Number (TFN) or Exemption Code – optional	
(refer Explanatory Note 1)	Surname
Address Details	Residential Address (cannot be a PO Box)
Same as Applicant 1 Same as Company Or, complete the following	
Registered Address of the Trust (cannot be a PO Box)	D. I.
riogistered riddress or the mast (sammet be a 1 G box)	State Postcode Country (if not Australia)
	Additional Trustee 2
State Postcode	Mr Ms Mrs Miss Dr Other
Country (if not Australia)	Given Names/s
Postal Address Same as Registered Address of the Trust	
	Surname
	Guriaine
State Postcode	Desidential Address (courset has BO Desi)
Country (if not Australia)	Residential Address (cannot be a PO Box)
Contact Details	
Email Address	State Postcode
	Country (if not Australia)
Phone	Beneficiary Details
The following two questions are not applicable for Minor trust types Is the trust operating as a charity? Yes No	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.
If yes, what is the purpose of the charity?	Membership classes
Was the trust established in Australia?	
☐ Yes ☐ No	Or
If no, please complete the following 3 questions	Beneficiary 1
What country was the trust established in?	Mr Ms Mrs Miss Dr Other
	Given Name/s
	Surname

Section 4 – Trust Details (continued)	Section 6 - CBA Accelerator Cash Account
Beneficiary 2	ADVISER USE ONLY
☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr Other ☐ ☐	Account Number (if generated over the phone)
Given Name/s	BSB: 067167 A/C:
	This account number is not active until you receive
Surname	confirmation that the account has been opened.
Where to from here? All Applicants – Please complete your Settlement details in Section 5.	The Accelerator Cash Account is a product of the Commonwealth Bank of Australia ABN 48 123 123 123 124 AFSL 234945 (the Bank) and administered by the Participant. The Participant is a wholly owned but non-guaranteed subsidiary of the Bank.
Section 5 – Settlement Options	Initial deposit to be made by:
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	Please transfer funds from my existing Commonwealth Bank Account: Account Name (must be in the same name as the application)
share trades and/or other subscriptions on your account. The nominated bank account must be in the same name/s provided in this application.	BSB Account Number
New CBA Accelerator Cash Account	Amount
(please complete Section 6)	\$
Or	Amount in words
Bank Account	7 WHOCH III WOODS
Account Name	
	☐ I have attached a cheque to the completed application
BSB Account Number	
	☐ I will transfer funds once I receive the BSB and account number
Or	Is a deposit book required?
Third Party Settlement	□ No □ Yes
(e.g. Margin Loan or WRAP Account) Complete only if you intend to settle your share trading	Is a cheque book required?
transactions through a Third Party Settlement provider.	□ No □ Yes
Third Party Settlement Provider (e.g. Margin Lender)	Account Access
Third Party Settlement PID	If there are more than 2 applicants, please photocopy this section, complete and attach to your application.
	Applicant 1
Third Party Account Number	Is ATM/EFTPOS access required?
	∐ No
Third Party Settlement Account Name	Yes, issue a new Keycard Yes, link to an existing Commonwealth Bank card
	Existing Card Number
Third Party Contact Person (if known)	
Third Party Contact Number (if known)	
	Is NetBank Access required?
	□ No □ Yes *^
Where to from here?	Applicant 2
If you selected 'New CBA Accelerator Cash	Is ATM/EFTPOS access required?
Account' - Please complete Section 6.	No
For CHESS Sponsorship Requests - Please complete	Yes, issue a new Keycard
Section 7.	

the Identification for Individuals and Trust.

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
Paper (additional fees may be incurred).
Statement Delivery Address (for paper statements)
Same as Applicant 1
Or, complete the following
Name
A.I.I.
Address Details
State Postcode
Country (if not Australia)
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.
Account Use Are you opening this account wholly or predominantly for
personal or domestic use?
Signature requirements for operation of joint/company (including trusts) accounts only:
Any to sign
More than one to sign
More than two to sign
No card/s will be issued where 'More than one to sign' option is ticked). If no selection is made the account will be established as more than



For CHESS Sponsorship Requests – Please complete Section 7.

Otherwise – Please complete Section 8 to complete the Identification for Individuals and Trust.

Section 7 - CHESS Sponsorship Request It may be necessary to re-lodge your standing instructions with the share registries after some transfers. These include tax file numbers, banking details or dividend instructions. Your trading account will be CHESS 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?



All applicants - Please complete Section 8 to complete the Identification for Individuals and Trust.

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. 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 Certified Copy Verified From Original Document Type (e.g. Passport) Issue Date **Expiry Date** DD / MM / YYYY Document Number Accredited English Translation N/A Sighted Document 2 Verified From Original Certified Copy Document Type (e.g. Passport) Issue Date **Expiry Date** DD / MM / YYYY DD / MM / YYYY **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) Expiry Date Issue Date DD / MM / YYYY DD / MM / YYYY Document Number Accredited English Translation | N/A Sighted **Document 2** Verified From Original Certified Copy Document Type (e.g. Passport) Issue Date **Expiry Date** DD / MM / YYYY DD / MM / YYYY Document Number Accredited English Translation N/A Sighted

/erified From	Original Certified Copy
Trust Name as it appears or	n Document
ssue Date	
DD / MM / YYYY	
Adviser Declaration & Sign	nature
dentification and verification declare the following:	has been conducted and
	the client/s as their client adviser;
I have identified the clien Document Details in this	t/s and completed the ID application; and
I have identified the trust Documentation Details (i	and completed the Trust Deed f applicable)
Date signed and verified	Date
X	DD / MM / YYYY
Authorised Representative	of (Australian Financial
Services Licensee)	oi (Australian Financial
AFSL Number	
Control of the Contro	

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Section 9 - Declaration & Signature/s

All applicants must sign this declaration

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

- 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:
 - (a) 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;
 - (b) I/we have been given the opportunity during the application process to indicate whether I/we do not wish to receive promotional material from the Participant.
- Consent to the uses and disclosures of my/our personal information set out in the Privacy Policy available from the website.

Declaration to the Share Trading Terms and Conditions

- 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.
- 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.
- 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 Though 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.
- 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;
- I/We accept that my/our adviser has access to all information relating to transactions undertaken in relation to dealings with the Participant.
- I/We acknowledge that my/our adviser 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.

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 ACA and TD Applicants only:

- 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 (including the section on 'Customer Information and Privacy') for this account.
- I/We also acknowledge and consent to the use and disclosures of my/our personal information as detailed in the section on 'Customer Information and Privacy' 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 and correct, and that I/we understand that it is an offence to provide false or misleading information.
- 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.
- 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. Trail Commission Disclosure:
 - i) We may pay a commission (by lump sum or ongoing) to your agent (adviser) who referred you to us, or to a third party associated to that agent.
 - ii) By signing this Application Form, you consent to the payment of the commissions referred to below.
 - iii) You can cancel the payment of any ongoing commissions by instructing us in writing.
 - iv) You can elect to pay any ongoing commissions to another agent you appoint in the future by instructing us in writing.
 - v) The interest rate on your account(s) will be reduced by the commission amount, and the amount of interest payable on the account balance will be reduced by the amount of the trail commission.

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Section 9 - Declaration & Signature/s (continued) Client Commission Option (select one of the two options below): Rebate (without) trail With trail (standard) Signature of Applicant 1 /Director 1/Trustee 1 DD / MM / YYYY Signature of Applicant 2 Date /Director 2/Trustee 2 DD / MM / YYYY If there are more than 2 applicants, please photocopy this section, complete and attach to your Application. **Adviser Declaration** 1. As the adviser, I agree that the above client has been provided with and read, the Participant's Financial Services Guide 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. 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. Adviser Name Signature of adviser Date 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 10.

If not, you are now complete:

- Please email 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.
- You 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 10 – 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 Accelerator Cash Account.

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

Acknowledgement and Request

- (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;
- (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.
 - 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.
- (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;
- 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 me/us 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.

	int (continued)	Operate on your
Applicant/s		
Signature	Director I, Il dolloo I	Date
V	7	DD / MM / YYYY
^		
Applicant 2/	Director 2/Trustee 2	
Signature		Date
X		DD / MM / YYYY
	nore than 2 applicants	, please photocopy this our Application.
Authorised	Adviser/s to Comple	te
be bound account/ my/our p	s and consent to the i	ceived and agree to onditions governing the uses and disclosures of et out in the Privacy Policy
Signature		Date
X		DD / MM / YYYY
Adviser 2		
Signature		Date
X		DD / MM / YYYY
You ar	e to from here? re now complete: ase email or fax your c	
• Who required you you you Pleat Use you soo rear Ten that	ere your forms are con uired documentation is ur new trading account it will receive an email it account has been estate ensure that you have name and Temporary I can access your shall on as it has been active sonable attempt to distinct a scramble details in be able to decode it.	front of this application. Impleted correctly and all Is received, we will activate I within 2 business days. I within 3 business days. I within 4 business days. I within 4 business days. I within 4 business days. I within 5 business days. I within 5 business days. I within 6 business days. I within 8 busi
• Whirequive requive requive requive requive requirements of the requirements required requirements requireme	ere your forms are con uired documentation is ur new trading account in will receive an email in account has been essase ensure that you have rname and Temporary in can access your shad on as it has been active sonable attempt to disapporary Login Passwort is scramble details in be able to decode it.	front of this application. Inpleted correctly and all a received, we will activate within 2 business days. Inotification from us once stablished. In ave made a note of your y Login Password so that the trading account as ated. You must make a siguise your Username and rif you write it down —
• Who required you you you end you you sook read that not	ere your forms are con uired documentation is ur new trading account in will receive an email in account has been essase ensure that you have rname and Temporary in can access your shad on as it has been active sonable attempt to disapporary Login Passwort is scramble details in be able to decode it.	front of this application. Inpleted correctly and all a received, we will activate within 2 business days. Inotification from us once stablished. In ave made a note of your y Login Password so that the trading account as ated. You must make a siguise your Username and rif you write it down —

DD / MM / YYYY

Share Trading 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.



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. All applicants 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 identification is conducted by an adviser, 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.

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 Mandatory Sections **Account Type** May be Applicable Instructions Individual 1, 2, 5 & 9 6 & 10 - CBA Accelerator Cash No Account Designation or Trust Account clients e.g. Peter John Brown Use full given and last names of individual. 7 - Clients transferring stock Individual to sign from another broker 8 - Non-CBA Customers 1, 2, 5 & 9 6 & 10 - CBA Accelerator Cash No Account Designation or Trust e.g. Peter John Brown & Use full given and last names of individuals Susan Alice Brown 7 - Clients transferring stock All individuals to sign from another broker 8 - Non-CBA Customers Company 1, 2, 3, 5 & 9 6 & 10 - CBA Accelerator Cash No Account Designation Account clients Bokum Pty Ltd Use full company name 7 - Clients transferring stock At least 2 company officers (2 Directors, or 1 Director and 1 from another broker Secretary) or Sole Director/Secretary to sign 8 - Non-CBA Customers Trust (Individual as Trustee) 1, 2, 4, 5 & 9 6 & 10 - CBA Accelerator Cash Account Designation e.g. Brown Family A/C Account clients e.g. Peter John Brown & The words "as trustee for" or "trust" should not be used. Susan Alice Brown 7 - Clients transferring stock Use name(s) of trustee(s) or custodian(s) instead of trust name, fund from another broker name or name of minor. For Superannuation Fund, "S/F" should be 8 - Non-CBA Customers used in place of "Super Fund". All trustees to sign Trust (Company as Trustee) 6 & 10 - CBA Accelerator Cash 1, 2, 3, 4, 5 & 9 Account Designation e.g. Bokum Family A/C Account clients e.g. Bokum Pty Ltd The words "as trustee for" or "trust" should not be used. 7 - Clients transferring stock

from another broker

8 - Non-CBA Customers

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.

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. INDUSTRY TYPE

Please select one of these options:

- Accommodation, Cafes and Restaurants
- Agriculture, Forestry and Fishing
- Communications
- Construction
- Cultural and Recreational Services
- Education
- Electricity, Gas and Water Supply
- Finance and Insurance
- Government Administration and Defence
- Health and Community Services
- Manufacturing
- Mining
- Personal and Other Services
- Property and Business Services
- Retail Trade
- Transport and Storage
- Wholesale Trade
- Other

4. 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).

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