

STOCKBROKING TRUST ACCOUNT (inc SMSF) application form

Please only use this form when you wish to open a trading account:

- as a Trust Account (including SMSF)
- where the trustees are individual(s) or a company
- as Trustee(s) for a minor

Trust account:

In order to process your trust application we will need:

- ☐ your completed application form
- ☐ identification for each account holder and beneficial owner (as specified over the page)
- ☐ an original certified excerpt of the Trust Deed including the front page, the schedule page, and the signature page. Please ensure each page is certified (Not applicable for Minor Accounts)
- ☐ your completed Guarantee Agreement
- ☐ your completed Trust Declaration form

SMSF account:

In order to process your SMSF application we will need:

- ☐ your completed application form
- ☐ identification for each account holder and beneficial owner (as specified over the page)
- ☐ a copy of the excerpt of the Trust Deed including the front page, the schedule page, and the signature page.

IMPORTANT

If a Company is acting as Trustee, Section A and Section B must be completed with the personal information of the Directors of the Company. If there are multiple Directors, a minimum of two Directors must provide their personal information and identification, and complete Section M. The details of any additional Directors must be provided in Section D (Proprietary companies only). All details must be as per ASIC records.

If an Individual is acting as Trustee, all Trustees must provide their personal information in Section A and Section B and complete Section M. If there are more than two Trustees, please provide personal information on a separate sheet.

Thank you for choosing CMC Markets Stockbroking.

If you require assistance when completing this form, please contact our Broker Services team on 1300 557 561.

Please email your completed and signed form to forms@cmcmarkets.com.au

Introducing Adviser Use Only

Brokerage Schedule:

Adviser Code:

Broker Services

GPO Box 5351
Sydney NSW 2001

1300 557 561
forms@cmcmarkets.com.au

Electronic verification check

We are required to verify your identity. We may be able to verify your identity by conducting an electronic verification check. If you **do not** wish us to conduct an electronic verification check, please refer to the non-electronic verification requirements below.

Providing your driver's licence number will help us to conduct your electronic verification check. We will not use your driver's licence number for any other purpose than to conduct your electronic verification check.

Non-electronic verification check

If we notify you that your electronic verification check was unsuccessful, or you do not wish us to conduct an electronic verification check, you'll need to provide us with certified copies of **original identification verifying your full name, your current residential address and your date of birth**. In either case, all the documents you'll need to provide are listed below.

Your application must be accompanied by a certified (true) copy of **EITHER** one document from Section A, **OR** one document from Section B and one from Section C, **for each applicant**.

The original certified copy of your ID must be returned by post. The signature of the certifier must be the original signature. We cannot accept faxes or scanned copies.

Section A (PROVIDE ONE OF THE FOLLOWING)

- driver's licence (front and back) – MUST be current
- Australian passport – current or expired within the past TWO years
- overseas passport – MUST be current and show the signature page

Example: Driver's Licence (front and back)



OR

Section B (PROVIDE ONE OF THE FOLLOWING)

- current Medicare card
- birth certificate or birth extract issued by a State or Territory
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink (front and back)

and

Section C (PROVIDE ONE OF THE FOLLOWING)

A recent utility bill or council rate notice – issued within the last three months – showing your name and residential address. This can include one of the following:

Please note that an electronic statement issued by any institution (including ADIs) may be accepted at CMC Markets' discretion

- gas, electricity, water, home phone, internet (dial-up, broadband), mobile phone bill, Foxtel bill
- a council rates notice
- a notice or assessment issued by the RTA or a government body

- a lease agreement, contract for sale of a property or rental bond lodgement document
- home and/or contents insurance policy statement

Example: Australian Passport and Water Bill



Certifying your documents

In order for your certification to be accepted, it must be **signed and dated (within the last three months)** and the certifier is to state that the document is a certified copy of an original. They must provide their **name, address, phone number**, and in **what category of certifier they fall**. For copies of your documents to be considered certified, they must be signed by any one of the following:

- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- a judge of a court
- a magistrate
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a police officer
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service
- a finance company officer with two or more continuous years of service with one or more finance companies
- a member of the Institute of Chartered Accountants Australia and New Zealand, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.



For a full list of acceptable certifiers refer to: www.comlaw.gov.au/Details/F2007L01000 (Section 1.2.1)

If you need help to meet these ID requirements, call our Broker Services Team on **1300 557 561**.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr Other: _____

Surname _____ Given Name(s) _____

Also known as _____

 Residential Address _____
 (PO Box not allowed)

Suburb/Town _____ State _____ Postcode _____

Postal Address _____

☐ Same as above

Suburb/Town _____ State _____ Postcode _____

Contact Numbers Mobile (recommended) _____ Home _____

Work _____ Fax _____

Email _____

To comply with the ASIC Market Integrity Rules the first email address must be that of the account holder.

If this account has multiple Directors, trade confirmations will be sent to the postal address for Director 1.

 Gender ☐ Male ☐ Female

Date of Birth ____ / ____ / ____ Place of Birth _____

 Driver's licence/
Passport number _____

Occupation _____

Industry _____

We require some information about your citizenship and tax residency to comply with international tax regulations.

 Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

 Are you an Australian citizen? ☐ Yes ☐ No

 Are you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

 If the Company has multiple Directors proceed to SECTION B >
 If the Company has only one Director proceed to SECTION C >

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr Other: _____

Surname _____ Given Name(s) _____

Also known as _____

 Residential Address _____
 (PO Box not allowed)

Suburb/Town _____ State _____ Postcode _____

Postal Address _____

☐ Same as above

Suburb/Town _____ State _____ Postcode _____

Contact Numbers Mobile (recommended) _____ Home _____

Work _____ Fax _____

Email _____

To comply with the ASIC Market Integrity Rules the first email address must be that of the account holder.

If this account has multiple Directors, trade confirmations will be sent to the postal address for Director 1.

 Gender ☐ Male ☐ Female

Date of Birth ____ / ____ / ____ Place of Birth _____

 Driver's licence/
Passport number _____

Occupation _____

Industry _____

We require some information about your citizenship and tax residency to comply with international tax regulations.

 Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

 Are you an Australian citizen? ☐ Yes ☐ No

 Are you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

 If there are more than two Individual Trustees, please provide their details on a separate sheet. All Trustees must sign in SECTION M.
 Proceed to SECTION F >

 If a Proprietary company is acting as Trustee, and there are more than two Directors, please provide their full names and addresses in SECTION D.
 Proceed to SECTION C >

Section C – Company As Trustee

This section is applicable for Trust Accounts where a Company is acting as the Trustee, please complete all fields.
All details provided must be as per ASIC records.

Full Company Name (as registered with ASIC) _____

Type of Company ☐ Proprietary (Sections D and E are mandatory) ☐ Public (Sections D and E are not required)

Trading Name (if any) _____

Industry _____

Address of Registered Office _____

Address of Principal Place of Business _____

Postal Address (if different) _____

Your ACN is required to perform an ASIC check on the company to verify the Company Name and the Directors.

ACN – –

Is the Company entity a tax resident of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Number: _____

Is the Company entity a resident for tax purposes of any country other than Australia? ☐ Yes ☐ No

If you answered 'Yes', please specify below:

Country of tax residency	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Please select your FATCA Entity Classification (please select one answer):

☐ U.S. ☐ Foreign Financial Institution (F.F.I.) ☐ Non-Financial Foreign Entity (N.F.F.E.)

For the purposes of FATCA Companies are categorised in to three groups:

- **U.S.** – a company incorporated in the United States of America
- **F.F.I.** – Foreign Financial Institution, generally a company that either holds assets on behalf of others or is engaged in the primary business of investing.
- **N.F.F.E.** – Non-Financial Foreign Entity, not a U.S. or F.F.I. N.F.F.E. is further sub-categorised in to either Active or Passive. Active is defined as at least 50% of its gross income is derived from its primary line of business.

For more information please go to the following url: <http://www.cmcmarkets.com.au/legal/fatca>

If you selected "N.F.F.E." above, please state if the entity is 'Active' or 'Passive': ☐ Active ☐ Passive

If you selected "F.F.I." above, please provide your GIIN number* _____

* Global Intermediary Identification Number (GIIN) is assigned to an entity (usually FFI) which has registered for FATCA.

Proceed to SECTION D >

Section D – Director Details (Proprietary companies only)**If the Company has more than two Directors, please provide the details of each additional Director:**

(If there are more than 4 Directors, please provide details on a separate sheet.)

Full Name _____ **Also known as** _____Residential Address _____
(PO Box not allowed)**Full Name** _____ **Also known as** _____Residential Address _____
(PO Box not allowed)**Full Name** _____ **Also known as** _____Residential Address _____
(PO Box not allowed)**Full Name** _____ **Also known as** _____Residential Address _____
(PO Box not allowed)**Proceed to SECTION E >****Section E – Details of Ultimate Beneficial Owners of the Company as Trustee****Please provide the details of each ultimate beneficial owner or controller as described below:**

- Any individual who own 25 per cent or more in the Company (Beneficial Owner)
- Where Beneficial Owners cannot be identified, any individual who has voting rights of 25 per cent or more for the Company (Controller)
- Where Controllers cannot be identified, any individual who makes key strategic or financial decisions for the Company, eg. CEO or Managing Director

☐ Trustee 1/Director 1 is an Ultimate Beneficial Owner/Controller of the Company, details as per Section A☐ Trustee 2/Director 2 is an Ultimate Beneficial Owner/Controller of the Company, details as per Section B**Please complete the following for additional Ultimate Beneficial Owners of the Company:**
.....**Ultimate Beneficial Owner of the Company 1**☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please specify) _____**Full Name** _____ **Also known as** _____**Date of Birth** ____ / ____ / ____ **Place of Birth** _____ **Gender:** ☐ Male ☐ Female**Driver's licence/
Passport number** _____**Residential Address** _____
(PO Box not allowed)**We require some information about your citizenship and tax residency to comply with international tax regulations.**Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you an Australian citizen? ☐ Yes ☐ NoAre you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No**If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:**

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION E continued overleaf >

Ultimate Beneficial Owner of the Company 2

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: ☐ Male ☐ Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

We require some information about your citizenship and tax residency to comply with international tax regulations.

Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you an Australian citizen? ☐ Yes ☐ No

Are you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Ultimate Beneficial Owner of the Company 3

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: ☐ Male ☐ Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

We require some information about your citizenship and tax residency to comply with international tax regulations.

Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you an Australian citizen? ☐ Yes ☐ No

Are you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION E continued overleaf >

Ultimate Beneficial Owner of the Company 4

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: ☐ Male ☐ Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

We require some information about your citizenship and tax residency to comply with international tax regulations.

Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you an Australian citizen? ☐ Yes ☐ No

Are you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Proceed to SECTION F >

Section F – Trust Details

(Not applicable for Minor Accounts.)

Full Name of Trust _____

Are you a Charity? ☐ Yes ☐ No

Country where the Trust was established _____

Type of Trust (e.g. Self-Managed Super Fund) _____

Trust TFN _____

Trust ABN (if applicable) _____

Is the Trust entity a tax resident of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Number: _____

Is the Trust entity a tax resident anywhere other than Australia? ☐ Yes ☐ No

If you answered 'Yes', please specify below:

Country of tax residency	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Please select your FATCA Entity Classification (please select one answer):

☐ U.S. ☐ Foreign Financial Institution (F.F.I.) ☐ Non-Financial Foreign Entity (N.F.F.E.)

For the purposes of FATCA Companies are categorised in to three groups:

- **U.S.** – a company incorporated in the United States of America
- **F.F.I.** – Foreign Financial Institution, generally a company that either holds assets on behalf of others or is engaged in the primary business of investing.
- **N.F.F.E.** – Non-Financial Foreign Entity, not a U.S. or F.F.I. N.F.F.E. is further sub-categorised in to either Active or Passive. Active is defined as at least 50% of its gross income is derived from its primary line of business.

For more information please go to the following url: <http://www.cmcmarkets.com.au/legal/fatca>

If you selected "N.F.F.E." above, please state if the entity is 'Active' or 'Passive': ☐ Active ☐ Passive

If you selected "F.F.I." above, please provide your GIIN number* _____

* Global Intermediary Identification Number (GIIN) is assigned to an entity (usually FFI) which has registered for FATCA.

Proceed to SECTION G >

Section G – Details of Beneficiaries

Please provide the details each beneficiary, or where there is a class of beneficiary, the name of the class. This section is not applicable to SMSFs.

Beneficiary 1

Full Name/Name of Class _____

Date of Birth / /

Residential Address _____
(PO Box not allowed)

We require some information about your citizenship and tax residency to comply with international tax regulations.

Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number (TIN): _____

Reason if no TIN provided (select one only)

☐ Foreign TIN not issued by this country ☐ Individual is under age ☐ Foreign TIN pending issue by the country's tax authority

Are you an Australian citizen? ☐ Yes ☐ No

Are you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Beneficiary 2

Full Name/Name of Class _____

Date of Birth / /

Residential Address _____
(PO Box not allowed)

We require some information about your citizenship and tax residency to comply with international tax regulations.

Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number (TIN): _____

Reason if no TIN provided (select one only)

☐ Foreign TIN not issued by this country ☐ Individual is under age ☐ Foreign TIN pending issue by the country's tax authority

Are you an Australian citizen? ☐ Yes ☐ No

Are you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Beneficiary 3

Full Name/Name of Class _____

Date of Birth / / _____

Residential Address _____
(PO Box not allowed)**We require some information about your citizenship and tax residency to comply with international tax regulations.**Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number (TIN): _____

Reason if no TIN provided (select one only)☐ Foreign TIN not issued by this country ☐ Individual is under age ☐ Foreign TIN pending issue by the country's tax authorityAre you an Australian citizen? ☐ Yes ☐ NoAre you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No**If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:**

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Beneficiary 4

Full Name/Name of Class _____

Date of Birth / / _____

Residential Address _____
(PO Box not allowed)**We require some information about your citizenship and tax residency to comply with international tax regulations.**Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number (TIN): _____

Reason if no TIN provided (select one only)☐ Foreign TIN not issued by this country ☐ Individual is under age ☐ Foreign TIN pending issue by the country's tax authorityAre you an Australian citizen? ☐ Yes ☐ NoAre you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No**If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:**

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Proceed to SECTION H >

Section H – Beneficiary Information (for Minor Accounts only)

Surname _____ Given Name(s) _____

Residential address _____

(PO Box not allowed)

Suburb/Town _____

State _____

Postcode _____

Date of Birth _____

/ /

Place of Birth _____

Tax File Number

 - -

OR Exemption Code

The collection of your Tax File Number is authorised by Australian privacy and taxation laws. Declining to provide your tax file number is not an offence however any applicable taxation will be charged at the highest rate.

We require some information about the minor's citizenship and tax residency to comply with international tax regulations

Are you a citizen of the United States of America?

☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you an Australian citizen?

☐ Yes ☐ No

Are you a tax resident or citizen anywhere other than Australia or the US?

☐ Yes ☐ No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Proceed to SECTION I >

Section I – Details of Ultimate Beneficial Owner or Controller of the Trust

Please provide the details of each ultimate beneficial owner or controller as described below:

- For a discretionary trust – the Appointor of the Trust (may be referred to as the Custodian or the Principal).
- For a Self Managed Super Fund or a fixed trust – any individuals entitled to 25 per cent or more of the Trust assets or, where there are no such individuals, the Appointor of the Trust.

☐ Trustee 1/Director 1 is a Beneficial Owner, details as per Section A

☐ Trustee 2/Director 2 is a Beneficial Owner, details as per Section B

Please complete the following for additional Ultimate Beneficial Owners or Controllers of the Trust:

Ultimate Beneficial Owner or Controller of the Trust 1

☐ **Appointor** ☐ **Other** (please specify) _____

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: ☐ Male ☐ Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

We require some information about your citizenship and tax residency to comply with international tax regulations.

Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you an Australian citizen? ☐ Yes ☐ No

Are you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION I continued overleaf >

Ultimate Beneficial Owner or Controller of the Trust 2☐ **Appointor** ☐ **Other** (please specify) _____☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: ☐ Male ☐ FemaleDriver's licence/
Passport number _____Residential Address _____
(PO Box not allowed)**We require some information about your citizenship and tax residency to comply with international tax regulations.**Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you an Australian citizen? ☐ Yes ☐ NoAre you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No**If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:**

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Ultimate Beneficial Owner or Controller of the Trust 3☐ **Appointor** ☐ **Other** (please specify) _____☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: ☐ Male ☐ FemaleDriver's licence/
Passport number _____Residential Address _____
(PO Box not allowed)**We require some information about your citizenship and tax residency to comply with international tax regulations.**Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you an Australian citizen? ☐ Yes ☐ NoAre you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No**If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:**

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Ultimate Beneficial Owner or Controller of the Trust 4

☐ Appointor ☐ Other (please specify) _____

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: ☐ Male ☐ Female

Driver's licence/
Passport number _____

Residential Address _____
(PO Box not allowed)

We require some information about your citizenship and tax residency to comply with international tax regulations.

Are you a citizen of the United States of America? ☐ Yes ☐ No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you an Australian citizen? ☐ Yes ☐ No

Are you a tax resident or citizen anywhere other than Australia or the US? ☐ Yes ☐ No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Proceed to SECTION J >

Section J – Account Designation

Please nominate the name of the Trust for this trading account. This designation will appear on all your stock holdings.

If you are opening a Superannuation fund account, you would nominate the name of the superannuation fund here.

For example 'WEST SUPER FUND A/C'.

If you are opening the account for a minor, you nominate the name of the minor in this section.

For example 'EDGAR WEST A/C'.

If you are opening the account for any other registered Trust, please nominate the name of that Trust in this section.

For example 'WEST FAMILY A/C'.

Please note that CHESS regulations state that the word 'Trust' cannot be used in the Designation.

The designation must not be greater than 24 characters and must end in 'A/C' (Account).

If necessary, you may use abbreviations. For example SUPERANNUATION FUND can be abbreviated to SUPER FUND or S/F.

< A/C >

Please provide the Trust's Tax File Number.

Tax File Number - - OR Exemption Code _____

The collection of your Tax File Number is authorised by Australian privacy and taxation laws. Declining to provide your tax file number is not an offence however any applicable taxation will be charged at the highest rate.

Please ensure you have supplied a Certified Copy of an excerpt of the Trust Deed which clearly states:

Not applicable for Minor Accounts.

- Name of Trust
- Name of Beneficiaries/Members
- Name of Trustee
- Name of Settlor
- Signatures of Trustee(s)
- Name of Appointor

(Not applicable for Minor Accounts.)

Proceed to SECTION K >

Online Trading

Our website is simple to use, and can assist investors in managing their portfolio efficiently. Our website provides live prices for equities, fixed interest and derivative products and also comprehensive research on the top 300 companies.

You have the ability to place your orders online without having to speak to a Dealer. Our website utilises **'Straight Through Processing'**. This means that your order is sent directly to the market. Even if you choose to trade online, you still retain the ability to trade over the phone with our experienced dealing team.

If you want to trade online, you will be required to be CHESS sponsored with CMC Markets Stockbroking and to open a Cash Account. You have to receive your confirmation notes by email. There is no charge for these services.

This trading account can be linked to your existing login code. This will enable you to keep a record of the trades and holdings which occur on your account.

If you have an **existing** login code to our website, please supply it here. If you do not have a login code, but wish to receive one, please complete the details below.

Each account holder must have their own unique login code to the website.

Trustee 1/Director 1

Existing login code (if applicable): _____

☐ I do not have a login code, but wish to receive one.

Trustee 2/Director 2

Existing login code (if applicable): _____

☐ I do not have a login code, but wish to receive one.

By supplying your login code, or requesting a login code above, you agree that you have received, read and agree to the CMC Markets Stockbroking Terms and Conditions, Part B Online Trading.

CHESS Sponsorship (required for online trading)

CHESS Sponsorship is a free service provided by the ASX to electronically register share holdings.

An explanation of the effect of CHESS Sponsorship is available on our website cmcmarkets.com.au/stockbroking

☐ I/We wish to appoint CMC Markets Stockbroking as my/our CHESS Sponsor and agree to be bound by the CHESS Sponsorship Agreement contained in Part G of the CMC Markets Stockbroking Terms and Conditions.

OR

☐ I/We have CHESS sponsored Holdings with another broker, and would like to transfer them to this account with CMC Markets Stockbroking. I/We wish to appoint CMC Markets Stockbroking as my CHESS Sponsor and agree to be bound by the CHESS Sponsorship Agreement contained in Part G of the CMC Markets Stockbroking Terms and Conditions.

**** Please attach a completed 'Transfer CHESS Holdings' form with this application.**

Electronic Confirmations (required for online trading)

By providing an email address you authorise CMC Markets Stockbroking to send you a confirmation of your trades electronically.

If you authorise CMC Markets Stockbroking to send your confirmations via email, you will not be charged the postage and handling fee and you will not receive a paper copy. **As per ASIC Market Integrity Rules at least one of the emails provided below MUST belong to the applicant(s).**

Trustee 1 / Director 1 Email Address: _____

Trustee 2 / Director 2 Email Address: _____

SECTION K continued overleaf >

Cash Account (required for online trading)

We recommend opening a Cash Account for the Cash settlement of your share transactions. This facility is provided by BankWest and managed by CMC Markets Stockbroking on your behalf. There are no account-keeping fees or government charges.

To open a Cash Account, please complete and attach a **Cash Account Application Form**.

Dividends

We can instruct the share registries (on your behalf) to direct deposit dividend payments into your Cash Settlement Account. This applies to your CHES sponsored holdings only.

☐ I wish to have dividends paid into my Cash Settlements Account

Please note - not all companies support direct crediting of dividends to a bank account. If you hold shares in one of these companies, you may still receive a dividend cheque sent to your registered address.

Linked Bank Account

This section allows CMC Markets Stockbroking to link an external bank account to your trading account. This will allow you to

- Transfer funds from your Cash Account directly to this external account
- Have sale proceeds credited directly to your external bank account

This authority does **not** allow CMC Markets Stockbroking or your Introducing Adviser to **debit** funds from this account. It only allows funds to be transferred **into** this account.

I/We authorise and request CMC Markets Stockbroking to arrange for funds to be credited from my/our trading account or Cash Account to the Financial Institution identified below. Further, I/We authorise:

1. CMC Markets Stockbroking to verify the details of the Account below with the relevant Financial Institution; and
2. The Financial Institution to release information to CMC Markets Stockbroking for the purpose of verifying the Account details.

This authorisation is to remain in force until the Account Holder(s) expressly revokes it in writing and the revocation is received by CMC Markets Stockbroking.

Account Name

This account should be in the same name as your trading account.

Name of Financial Institution or Bank

Branch Name

Bank State Branch (BSB) Number

-

Account Number

[Proceed to SECTION L >](#)

Section L – Disclosure of Information

From time to time, your Introducing Adviser may request your personal information, including your trading activity.

By completing this application form, you provide consent for CMC Markets Stockbroking to disclose your personal information, including your trading activity, to your Introducing Adviser and their authorised representatives. For further information please contact CMC Markets Stockbroking or your Introducing Adviser.

[Proceed to SECTION M >](#)

Section M - Client Agreement & Declaration

By signing this Application Form I/we agree to be bound by Part A and any other relevant Parts of the CMC Markets Stockbroking Terms and Conditions. I/we also acknowledge that I/we have read, received and understood the CMC Markets Stockbroking Financial Services Guide and the Financial Services Guide of my/our Introducing Adviser.

I/We acknowledge that my/our Introducing Adviser may charge brokerage on trading securities which may differ to the brokerage rates published by CMC Markets Stockbroking from time to time; and CMC Markets Stockbroking may receive fees or pay rebates in relation to these securities transactions.

Trustee 1/Director 1

Trustee 2/Director 2

Trustee 3 (if applicable)

Client Signature(s)

Name(s) (printed)

Date

____/____/20____

____/____/20____

____/____/20____

If you would like to Authorise your Introducing Adviser or another person to act on your trading account, please complete and attach an **'Authorised Agent (Authorised Person)' Form**.

[Proceed to SECTION N >](#)

GUARANTEE AGREEMENT FORM

The undersigned (each, a **Guarantor**) wish to establish a Guarantee Agreement in respect of the account noted below (**Account**) held in the name of the client noted below (Client) with CMC Markets Stockbroking Limited (ABN 69 081 002 851, AFSL No. 246381) (**CMC Markets**).

The undersigned hereby guarantees all amounts due and payable to CMC Markets in respect of the Account, any other accounts with CMC Markets operated and/or held by the Client, or any other amounts owed by the Client to CMC Markets. In the event of a Client not paying any moneys outstanding at the time and in the manner imposed by any agreement between the Client and CMC Markets, the Guarantor agrees to be liable and pay the moneys due and payable to CMC Markets immediately and on demand. A demand may be made irrespective of whether a demand has been made on the Client, and may be made at any time.

As a separate and independent obligation, the Guarantor indemnifies CMC Markets against all claims and proceedings and all liability, loss (including consequential losses and all legal costs and expenses on a full indemnity basis) and damage CMC Markets suffers or incurs as a direct result of the Account (provided that such indemnity does not arise as a result of the negligence, fraud or wilful misconduct on the part of CMC Markets) as a sum equal to the amount of any loss in respect of which an indemnity is given to CMC Markets on demand. The Guarantor is liable for and must pay a sum equal to the amount of any loss in respect of which an indemnity is given to CMC Markets on demand.

The Guarantor further agrees that the Guarantor must not make any claim, enforce any right or counter-claim to reduce its liability under this Guarantee Agreement against CMC Markets.

Each Guarantor represents and declares the following:

- The obligations of the Guarantor under this Guarantee Agreement are principal obligations and as such are imposed upon the Guarantor as principal debtor.
- CMC Markets may make a claim or demand against any Guarantor under this Guarantee Agreement without CMC Markets having first proceeded against, made any claim against, or taken steps to enforce any right, collateral security or remedy against, the Client, another Guarantor or any other person.
- The Guarantor has been advised to, and has had the opportunity to, obtain independent legal advice in respect of providing the Guarantee and has either obtained such advice or has waived their right to obtain such advice.

Note: The below witness cannot be related to the Guarantor, reside at the same address, be a beneficiary or beneficial owner of the entity.

Client Account Name: _____

Account (if known):

<p>Guarantor name: _____ (Full name)</p> <p>Address: _____ _____</p> <p>Signature: _____</p> <p>Date: _____ / _____ / 20____</p>	<p>Witness name: _____ Your witness must be third party (eg. Non-family member, not living at same address)</p> <p>Residential Address: _____ _____</p> <p>Signature: _____</p> <p>Date: _____ / _____ / 20____</p>
--	---

<p>Guarantor name: _____ (Full name)</p> <p>Address: _____ _____</p> <p>Signature: _____</p> <p>Date: _____ / _____ / 20____</p>	<p>Witness name: _____ Your witness must be third party (eg. Non-family member, not living at same address)</p> <p>Residential Address: _____ _____</p> <p>Signature: _____</p> <p>Date: _____ / _____ / 20____</p>
--	---

TRUST DECLARATION form

Must be completed by a third party professional who set up or administers your trust, for example your lawyer or accountant.

To: CMC Markets Stockbroking Limited ("CMC Markets Stockbroking")

Re: [Name of Trust] ("Trust")

I/we act for the Trust.

I have reviewed the trust deed for the Trust and confirm that:

1. The trustees of the Trust are:

_____	_____
_____	_____
_____	_____
_____	_____

2. The beneficiaries of the Trust are (list any named beneficiaries or classes of beneficiaries) and their percentage of entitlement to the Trust assets:

_____	_____
_____	_____
_____	_____
_____	_____

3. The Settlor of the Trust is:

4. The Appointor of the Trust is:

5. The Trust was originally settled with a sum of \$

6. Pursuant to the terms of the trust deed the Trust is authorised to trade CMC Markets Stockbroking products.

Signed:

Name:

Date:

____ / ____ / ____

Professional designation:

Contact Number:
