



Application for Youthsaver Account

Section A Details of the applicant aged under 18

1 Title Full given name/s

Surname Other names known by (if any)

Gender Male Female Date of birth / / Occupation

2 Residential address (PO Box is not acceptable)

State/Province Postcode Country

If living overseas, why do you require Australian banking facilities?

3 Postal Address (if the same as residential address, write 'As Above')

State Postcode

4 Email Phone number () Mobile number

5 Is the applicant an existing Commonwealth Bank customer?
No Please ensure the 'Certified Copies Identification Form' is completed
Yes Please provide account number

6 Is the applicant under 16 years of age
No Go to **Section B**
Yes Go to **Section C**

Section B Only to be completed by applicants aged 16 and over

7 Do you require Keycard access?
No Go to **Q10**
Yes

8 Do you have an existing Keycard?
Yes Write your card number here and **your new account will be linked to it.**

No You will be issued with a Keycard and personal Identification Number (PIN) to access your new account.

9 Do you require NetBank access?
No Please read and sign the Declarations, Authorities and Acknowledgements overleaf.
Yes

10 Are you an existing NetBank client?
No You will be issued with a NetBank client number and password shortly.
Yes Write your NetBank client number here (not your Password) to have your new account linked.

11 Do you have a Tax File Number (TFN)?
No
Yes Please provide your TFN.

Section B – continued Declarations, Authorities and Acknowledgements

- 12** • I 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 that the law prohibits the use of false names, as well as the giving, use or production of false or misleading information of documents in connection with an identification procedure. I declare that the details as shown on this form are complete and correct.
- I direct the Bank to issue statements of account to my mailing (postal) address only.
 - I acknowledge that, if I have requested electronic access to the account, my first transaction by electronic means will indicate my acceptance of the Electronic Banking Terms and Conditions contained in the Transaction, Savings and Investment Accounts Product Disclosure Statement (PDS) and that electronic access to my account is governed by them.
 - I acknowledge that my first deposit to, or withdrawal from, the account will indicate:
 - i** my acceptance of the Youthsaver Account Terms and Conditions contained in the Transaction, Savings and Investment Accounts PDS; and
 - ii** my consent to the use and disclosure of my personal information as set out in the 'Privacy' section of the terms and conditions.
 - I understand that I may indicate that I do not want to receive marketing information from the Commonwealth Bank of Australia by ticking this box .

Applicant's signature

Date

- If you wish to establish a regular savings plan, please go to page 5 of this form.

You have completed the form if you are aged 16 or over and do not require a regular savings plan.

Section C Details of Parent/ Guardian of applicant under 16 years of age

13 Title Full given name/s

Surname Other names known by (if any)

Gender Male Female Date of birth

14 Residential address (PO Box is not acceptable)

State/Province Postcode Country

15 Postal Address (if the same as residential address, write 'As Above')

State Postcode

16 Email Phone number Mobile number

17 Is the applicant an existing Commonwealth Bank customer?

No Please ensure the 'Certified Copies Identification Form' is completed

Yes Please provide account number

18 Who requires electronic access (for example, via NetBank) to this account?

Parent/Guardian (applicant can be granted Enquiry Only NetBank Access) Go to **Section D**

Applicant (Parent/Guardian requires no electronic access to the account) Go to **Section E**

Neither Parent/Guardian nor applicant require electronic access Go to **Section G**

Section D

Electronic access – Parent/Guardian

Note Parent/Guardian cannot obtain sole electronic access to the account if the applicant already has Telephone Banking access to an existing account.

19 To link the new Youthsaver account to the Parent/Guardian's existing debit/credit card and/or NetBank client number, please provide details.

<input type="checkbox"/>	Keycard	- card number	<input type="text" value="5,6 0,2,7,9"/>
<input type="checkbox"/>	Credit card	- card number	<input type="text"/>
<input type="checkbox"/>	NetBank	- client name	<input type="text"/>
		client number (Not password)	<input type="text"/>

20 Does the Applicant require Enquiry Only NetBank Access to check balances?

No Go to **Section G**

Yes

21 Is the applicant an existing NetBank client?

No The applicant will be issued with a NetBank Enquiry Only client number and password shortly.
▶ Go to **Section G**

Yes Write the applicant's existing NetBank client number here (not Password) to have the new account linked for Enquiry Only Access.

▶ Go to **Section G**

Section E

Electronic access – applicant

22 Does the applicant require Keycard access?

No Go to **Q24**

Yes

23 Does the applicant already have a Keycard?

No The applicant will be issued with a Keycard and Personal Identification Number (PIN) to access the new account.

Yes Please write the card number here and the new account will be linked to it.

24 Does the applicant require full NetBank access to check balances and transfer funds?

No Go to **Section F**

Yes

25 Is the applicant an existing NetBank client?

No The applicant will be issued with a NetBank client number and password shortly.

Yes Write the applicant's existing NetBank client number here (not Password) to have the new account linked.

▶ Go to **Section G**

Section F

Parent/Guardian to read and sign the following

Applicant to read and sign the following

26 As Parent/Guardian, I consent to the Bank allowing the Applicant to operate this Youthsaver account. I acknowledge that all authority to operate this account and any existing or future Youthsaver accounts in the Applicant's name will reside with the Applicant.

I further acknowledge that electronic access to the account/s by the Applicant is governed by the Bank's Electronic Banking Terms and Conditions contained in the Transaction, Savings and Investment Accounts Product Disclosure Statement (PDS).

Parent/Guardian's signature

Date

Applicant Declarations, Authorities and Acknowledgements for Applicant under 16 years of age.

- 27**
- I 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 that the law prohibits the use of false names, as well as the giving, use or production of false or misleading information of documents in connection with an identification procedure. I declare that the details as shown on this form are complete and correct.
 - I direct the Bank to issue statements of account to the mailing (postal) address only.
 - I acknowledge that, if I have requested electronic access to the account, my first transaction by electronic means will indicate my acceptance of the Electronic Banking Terms and Conditions contained in the Transaction, Savings and Investment Accounts PDS and that electronic access to my account is governed by them.
 - I acknowledge that my first deposit to or withdrawal from the account will indicate:
 - i** my acceptance of the Youthsaver Terms and Conditions contained in the Transaction, Savings and Investment Accounts PDS; and
 - ii** my consent to use and disclosure of my personal information as set out in the 'Privacy' section of the Terms and Conditions.
 - I understand that I may indicate that I do not want to receive marketing information from the Commonwealth Bank of Australia by ticking the box .

Applicant's signature

Date

- If you wish to establish a regular savings plan, please go to page 5 of this form.

You have completed the form if you do not require a regular savings plan.

Section G

Parent/Guardian Declarations, Authorities and Acknowledgements for applicants under 16 years of age

Note This section only to be signed when the applicant aged under 16 is not gaining full electronic access.

- 28**
- I 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 that the law prohibits the use of false names, as well as the giving, use or production of false or misleading information of documents in connection with an identification procedure. I declare that the details as shown on this form are complete and correct.
 - I direct the Bank to issue statements of account to the mailing (postal) address only.
 - I acknowledge that, if electronic access to the account has been requested, my first transaction by electronic means will indicate my acceptance of the Electronic Banking Terms and Conditions contained in the Transaction, Savings and Investment Accounts Product Disclosure Statement (PDS) and that electronic access to the Applicant's account is governed by them.
 - I acknowledge that my first deposit to or withdrawal from the account will indicate:
 - i** my acceptance of the Youthsaver Terms and Conditions contained in the Transaction, Savings and Investment Accounts PDS; and
 - ii** my consent to use and disclosure of my personal information as set out in the 'Privacy' section of the Terms and Conditions.
 - I understand that I may indicate that I do not want to receive marketing information from the Commonwealth Bank of Australia by ticking the box .

Parent/Guardian's signature

Date

- If you wish to establish a regular savings plan, please go to page 5 of this form.

You have completed the form if you do not require a regular savings plan.



Regular Savings Plan – Youthsaver Direct Debit Request

Customer Authority

Name of customer/s giving the Direct Debit Request
I/We

authorise and request you Name of Debit User

APCA User ID number

to arrange for funds to be debited from my account at the financial institution identified and as prescribed below through the Bulk Electronic Clearing System (BECS).

Youthsaver account holder's details

(i.e. the account to which funds will be transferred)

Name of account holder

Residential address (PO Box is not acceptable)

State/Province Postcode Country

Contact phone number
()

Details of the account to be debited

(i.e. the account from which funds will be transferred)

Name of financial institution and branch where account is held

Name of account holder (please print name in full)

BSB number Account number

Payment details

Opening deposit Amount \$

and/or Regular savings plan Amount \$

Commencing on

Please debit my account on the

of each Week Fortnight Month

Declaration

(if account to be debited is in joint names both signatures may be required)

I/We acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Request Service Agreement provided by the Commonwealth Bank and is to remain in force in accordance with the terms and conditions described in that Service Agreement.

Signature Date

Signature Date

Please note Direct Debit is not available on the full range of accounts. If in doubt, please refer to your financial institution.

Bank use only

Account number

Initials

Input to ASSIST