Macquarie Cash Management Account **Application**



Macquarie Bank Limited ABN 46 008 583 542 AFSL No. 237502 is the provider of the Macquarie Cash Management Account (CMA)

This application forms part of the Product Information Statement
dated 8 June 2017.
This form was undated on 9 June 2017

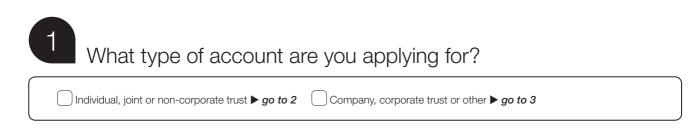
This form was updated on 8 June 2017.

Please use black ink and mark boxes with an [x].

Identification required: All individuals must attach original certified copies of identification, a Macquarie Individual identification form or an FSC/FPA form completed by your licensed Financial Services Professional, unless you are an existing Macquarie client. For other entities, such as companies, trusts, associations, and so on, the relevant identification form must also be completed and any additional documentation must be provided as outlined in the Application guide available online. These forms can be downloaded from macquarie.com.au/idforms

Before you start, please note:

- providing a mobile number and email address is mandatory for all applicants to enable digital
- the welcome email and personal Macquarie Online details including passwords and PINs for online and phone services will be sent to each applicant's email address provided in this application
- provision of a TFN or ABN is not compulsory, however, if you do not quote your TFN (including both TFNs for joint accounts), ABN or claim an exemption, tax may be withheld from the interest paid to you at the highest marginal tax rate plus the Medicare Levy. Declining to quote a TFN is not an offence.



Details of individuals or trustees

Title: Full name(s):	
Any other name known by:	Occupation:
Mother's maiden name:	Date of birth: / /
Tax File Number (TFN) or reason for exemption:	
Are you an Australian resident for tax purposes?	? No Yes
Are you a resident of another country for tax pur	rposes? No Yes, complete the <i>Individual Macquarie identification</i> form,
	authorised advisers complete the <i>Individual FSC/FPA</i> form, complete the <i>Tax details</i> form.
	authorised advisers complete the <i>Individual FSC/FPA</i> form, complete the <i>Tax details</i> form.
Residential address (cannot be a PO Box)	authorised advisers complete the <i>Individual FSC/FPA</i> form, complete the <i>Tax details</i> form.
	authorised advisers complete the Individual FSC/FPA form, complete the Tax details form. Street name and number:
Residential address (cannot be a PO Box)	authorised advisers complete the Individual FSC/FPA form, complete the Tax details form. Street name and number: Suburb: Country:
Residential address (cannot be a PO Box) State: Postcode:	authorised advisers complete the Individual FSC/FPA form, complete the Tax details form. Street name and number: Suburb: Country:
Residential address (cannot be a PO Box) State: Postcode: Postal address: Same as residential address	authorised advisers complete the Individual FSC/FPA form, complete the Tax details form. Street name and number: Suburb: Country:

Details of individuals or trustees (continued)

	Home phone number		Mobile number	or (wir area recording)
Email (MANDATORY):				
Are there any more applicants?	No ▶ go to 4 Yes ▶ go to	Individual 2		
ndividual 2				
Title: Full name(s):			
Any other name known by:		Occupation	on:	
Mother's maiden name:			Date of birth:	/ /
Tax File Number (TFN) or reason for	exemption:			
Are you an Australian resident for tax Are you a resident of another countr				identification form, Jual FSC/FPA form, c
Residential address (cannot be a	PO Box) Street name and number	er:		
		Suburb:		
State: Postcode:	Country:			
Postal address: Same as resident	ial address?	ork phone number	No ▶ please	e provide below
Street name and number or PO Box	C: (
Street name and number or PO Box	c [Suburb:		
	Country:	Suburb:		
	Country:	Suburb:	Mobile number	er (MANDATORY)
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Details of individuals or trustees (continued)

			Suburb:	
State:	Postcode:	Country:		
Work phone i	number	Home phone numb	per	Mobile number (MANDATORY)
🕕 Email (M	IANDATORY):			
Are there any	more applicants? No	> go to 4 Yes > g	go to Individual 4	
Individual 4	4			
Title:	Full name(s):			
Any other nar	me known by:		Occupat	ion:
Mother's maid	den name:			Date of birth: / /
Tax File Numb	ber (TFN) or reason for exe	mption:		
-	ustralian resident for tax pu ident of another country fo		Yes, complete the	Individual Macquarie identification form, s complete the Individual FSC/FPA form, details form.
Residential a	address (cannot be a PO	Box) Street name and	number:	
			Suburb:	
State:	Postcode:	Country:		
Postal addre	ess: Same as residential a	address? Yes ▶ <i>go</i>	to work phone numbe	r
	and number or PO Box:	address? Yes ▶ go		
Street name a	and number or PO Box:		Suburb:	
Street name a	and number or PO Box:	Country:	Suburb:	
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Details of individuals or trustees (continued)

Ben	eficial Controller 1		Bene	eficial Controller 2			
Drive	r's license number	Expiry date	Driver	's license number		Expiry date	
						/	/
	dential address (cannot bet name and number	e a PO Box)		lential address (canno name and number	ot be a l	PO Box)	
Subu	ırh:		Subu	rh:			
State		Postcode:	State:		Posto	code:	
	rou an Australian resident fo	r tax purposes?	Are yo	ou an Australian resider	nt for tax	purposes?	
Are y	rou a resident of another co	untry for tax purposes?	Are yo	ou a resident of another	r country	for tax purpose	es?
	form, authorised ad	ndividual Macquarie identifica lvisers complete the <i>Individua</i> complete the <i>Tax detail</i> s form	al	form, authorised	d adviser	dual Macquarie in s complete the industrial in some services of the services	Individual
	Details of co	mpany, assoc	iation o	r body			
Α.	Full name of company, a	association or body:					
A.	Full name of company, a	association or body: tion or body has not previous ad to provide these. You can	, ,				ication
A. B.	Full name of company, a	tion or body has not previou ad to provide these. You car	, ,				ication
В.	Full name of company, a lf the company, associate documents, you will nee	tion or body has not previoued to provide these. You can be business activity?	, ,				ication
В. С.	Full name of company, a lf the company, associated documents, you will need What is the nature of the ABN/ACN or reason for each	tion or body has not previoued to provide these. You can be business activity?	, ,				ication
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Details of company, association or body (continued)

State:	Postcode:	Country:	
State.	1 Ostcode.	OCOURTUY.	
Postal addre	ss: Same as residential ad	ddress? Yes ▶ go to work phone number No ▶ please provi	ide below
Street name a	ınd number or PO Box:		
		Suburb:	
State:	Postcode:	Country:	
Work phone n	number	Home phone number Mobile number (MA	NDATORY)
Email (MA	ANDATORY):		
Are you an Au:	stralian resident for tax purp	poses? No Yes	
	dent of another country for	No Yes, complete the Individual Macquarie identifica	,
tax purposes?		authorised advisers complete the <i>Individual FSC/F</i> complete the <i>Tax details</i> form.	FPA form, or
Would vou like	e to appoint additional Office		
Company	Officer 2 (director of	r secretary)	
Title:	Full name(s):		
Any other nam	ne known by:	Occupation:	
Mother's maid	len name:	Date of birth: /	/
Residential a	ddress (cannot be a PO E	Box) Street name and number:	
		Suburb:	
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State:	Postcode:	Country:	
Postal addre	ss: Same as residential ad	ddress? Yes ▶ go to work phone number No ▶ please provi	ide below
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Email (MAAre you an Aus Are you a resident at a purposes?	stralian resident for tax purp dent of another country for	No Yes, complete the Individual Macquarie identifica authorised advisers complete the Individual FSC/F complete the Tax details form.	FPA form, or
1 Email (M/Are you an Au:Are you a residax purposes?	stralian resident for tax purp dent of another country for to appoint additional Office	No Yes, complete the Individual Macquarie identifica authorised advisers complete the Individual FSC/F complete the Tax details form. Pers? No ▶ go to 4 Yes ▶ please complete a Third Party Authority	FPA form, or
1 Email (MA Are you an Aus Are you a resid tax purposes? Would you like	stralian resident for tax purp dent of another country for e to appoint additional Office Owner/Controller(s)	No Yes, complete the Individual Macquarie identifica authorised advisers complete the Individual FSC/F complete the Tax details form. Pers? No ▶ go to 4 Yes ▶ please complete a Third Party Authorit available online	FPA form, or
Email (MAAre you an Aus Are you a reside tax purposes? Would you like Beneficial Provide the defindirect share	stralian resident for tax purposes tralian resident for tax purposes to another country for to appoint additional Office Owner/Controller(s) etails of the individuals who	No Yes, complete the Individual Macquarie identifica authorised advisers complete the Individual FSC/F complete the Tax details form. Pers? No ▶ go to 4 Yes ▶ please complete a Third Party Authorital available online Solution ultimately own 25% or more of the company's issued share capital (through dividuals who own 25% or more of the company's shareholdings, provide the	FPA form, or by form an direct or

Details of company, association or body (continued)

	wner/Controller 1		Beneficial Owner/Controller 2
Beneficial	Owner Beneficial	Controller	Beneficial Owner Beneficial Controller
Surname			Surname
-ull given name(s)			Full given name(s)
Any other name	e known by		Any other name known by
Date of birth: Driver's license	/ /	j Svojny data	Date of birth: / / Driver's license number Expiry date
Driver's licerise	FIGURE	xpiry date / /	Driver's license number Expiry date
.			
Street name ar	ddress (cannot be a PC nd number) Box)	Residential address (cannot be a PO Box) Street name and number
Suburb:			Suburb:
State:	Postco	do:	State: Postcode:
	stralian resident for tax p	urposes?	Are you an Australian resident for tax purposes?
	es lent of another country fo	or tay nurnoses?	No Yes Are you a resident of another country for tax purposes?
		al Macquarie identification	
	orm, authorised advisers of SC/FPA form, or complet		form, authorised advisers complete the <i>Individual</i> FSC/FPA form, or complete the <i>Tax details</i> form.
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A. Is the a as an u. B. Are you Yes Att. C. Full nat If not p from m. D. What is E. ABN/AG	soc/FPA form, or complete control through the capacity ractices; voting rights of 25 in managing directors who calls of the Trapplicant a trust (for examinicorporated business a applying on behalf of s, name of the minor: ach a copy of minor's between the copy of minor's between the trust/entity/traceviously provided your acquarie.com.au/idforest the nature of the trust of the t	te the Tax details form. It to determine decisions about the second of	put financial or operating policies; or by means of trusts, agreements, arrange. If no such person can be identified then the most senior managing official(secompany's behalf). If fund, family trust, deceased estate or minor) OR an entity such No ▶ go to 5 Yes ▶ go to next question Pears old)? No ▶ go to C If the applicable identification form. You can download this forments may be required – refer to the Application Guide for details.

Yes No, complete the relevant identification form or authorised advisors complete the relevant FSC/FPA form.



5 Account details

	place of business. Please indicate below. Individual 1 postal address Principal place of business Other (details below)
	Suburb:
	State: Country:
	How would you like to receive your statements? Online (free) Printed (\$2.50 fee per statement) Statements are issued on a half-yearly basis, if you do not cross a box you will receive online statements only. If you electric receive printed statements, fees and charges may apply. Please refer to the Product Information Statement for details.
	Will you require a cheque book? No Yes Cheque books contain 30 cheques per booklet. Fees are outlined in the Product Information Statement.
	Would you like to nominate another account for funds transfers?
	Yes, provide account details BSB: Account number:
	Account name:
	You must answer ALL parts of question 5D or we will not be able to set up your account. Please check your linke account details carefully – it is your responsibility to ensure all linked account details are correct. Account names are used as a reference only, an incorrect BSB or account number may result in funds being sent to the wrong destination account.
	Will you be making regular deposits by Direct Debit from another account?
	No ► go to next question Yes, you will need to complete the Direct Debit Request form available online
	Do you want to make a recurring payment (eg to a Financial Services Professional)? No ► go to next question Yes, complete the Recurring Payment Authority form available online
	Do you want to authorise a third party such as your financial planning or stockbroking firm to make withdrawals from your account?
	No ▶ go to next question Yes, company name:
	Would you like to authorise any other third party to have enquiry and/or transacting authority on your account? No ▶ go to next question
	Yes, you will need to complete a <i>Third Party Authority</i> form available online. The third party will need to comply w the applicable identification requirements. Refer to the <i>Application guide</i> for additional information.
	Do you want to authorise your primary Financial Services Professional or a financial services company to establish a net Term Deposit in the same name as your Macquarie CMA in the future?
	No Yes, my primary Financial Services Professional
	Yes, provide the company name you wish to authorise:
	What is the source of funds for this account? Superannuation contributions Commission Inheritance Savings Investment Normal course of business Asset sale
	Other, please specify:
	What is the purpose of this account? Savings Growth Income Retirement Business accoun
	Other, please specify:
F	PLEASE READ THIS BEFORE ANSWERING THE FOLLOWING QUESTION
(Joint accounts: If you do not cross a box we will assume 'Any one of us to sign'. Company, Incorporated Association or Body: These accounts must be signed by two officers (eg two directors, a director and secretary or two office holders), or as required by the constitution or rules of the company or body, or signe by one director for a sole director company. If you do not cross a box, all future written instructions must be executed in the name way as this application form (values instructed attractions in writing).
Ţ	the same way as this application form (unless instructed otherwise in writing). What are the signing instructions for this account?
	Any one of us to sign All/Both of us to sign



Applicant declaration

This application must contain an original signature(s) – digitally applied signatures will not be accepted. Please read the Product Information Statement before signing and returning this application form.

I/We acknowledge that I/we have read the Macquarie Cash Management Account Product Information Statement and agree to be bound by the Terms and Conditions set out in the Further information guide which forms part of the Product Information Statement.

I/We acknowledge and agree that:

- this application form was obtained and signed while in Australia, and
- if I/we do not provide Macquarie Bank Limited (MBL) with information as requested, or there is a delay in providing MBL with this information, MBL may not be able to open my/our account, and
- MBL is not liable for any loss incurred by me/us as a result
 of any action of MBL which either delays an account being
 opened or results in an application being declined, when
 these actions are necessary for MBL to comply with its
 obligations under AML/CTF Laws and/or its internal policies
 and procedures, and
- by signing this application, I/we also declare that all information (including tax residency information) that I/we have provided to Macquarie or to my/our financial services professional in relation to this application (whether on this form or by other means) is true and correct, and that I/we confirm that I/we will promptly provide Macquarie with details of any changes to the information provided by me/us from time to time. On request, I/we will also provide Macquarie with any further information it requires to comply with applicable laws and its internal policies, including AML/CTF Laws

- by signing below I/we am/are bound by the Privacy Statement which describes the handling of my personal information, including direct marketing, and
- I/we can change my/our marketing preferences by telephoning MBL on 1800 806 310 or visiting macquarie.com.au/optout-bfs, and
- MBL will provide information to my/our Financial Services Professional, should I/we have one, and will attempt to contact them if any follow up is required on my/our account.

Furthermore, where I/we have provided authority in this application for a Financial Services Professional and/or company to open a Macquarie Term Deposit on my/our behalf:

- I/we authorise the individual or company to provide all required Term Deposit application details, including but not limited to the investment amount, term and interest instructions, and
- I/we acknowledge that any new Term Deposits will be established using the same details as my/our new Macquarie Cash Management Account. Details that may be replicated for my/our new Term Deposit include (but are not limited to) my/our residential and mailing address details, contact information authorised signatory details, and Tax File Number(s) or ABN, and
- I/we acknowledge that by providing this authority, the Financial Services Professional/Company I have nominated is empowered to open Term Deposit accounts on my/our behalf (and to add funds to an existing Term Deposit that is rolling over, and will be authorised to operate my/our account as set out under the heading Financial Services Professional Access in the Further Information document which forms part of the Macquarie Bank Term Deposit Product Information Statement.

Signature of Individual 1 or Company Officer 1	Signature of Individual 2 or Company Officer 2
Date: / / Title:	Date: / / Title:
Name:	Name:
If a company officer, your corporate title:	If a company officer, your corporate title:
Signature of Individual 3	Signature of Individual 4
Date: / / Title:	Date: / / Title:
Name:	Name:

Financial Services Professional use only: By completing this section of the application or imary Financial Services Professional on the account and will have enquiry authority or		e confirming that you will	be appointe	ed as the
Company name:	Company cod	de:	Product:	CMH
Financial Services Professional name:		Representative code:		

▶ Please return this form by email to transact@macquarie.com