

Macquarie Cash Management Account Application

Macquarie Bank Limited ABN 46 008 583 542 AFSL No. 237502



STOP: CMT clients can complete the shorter version of this form which is included in this Product Information Statement if the account is to be in the same name.

Do not use this form unless it accompanies the Product Information Statement dated 28 November 2008. For help on how to complete this application refer to pages 14 to 16 of this Product Information Statement.

Please use black ink and mark boxes like this with an (X).

ADVISER USE ONLY
Account number (if generated online or over the phone)

- 1** Which account type applies to this application?
Individual, joint or non-corporate trust. **Go to 2**
Refer to the application guide for details.
Company, corporate trust or other. **Go to 3**
- 2** Details of individuals or trustees — **if more than 4, enter the details on a second form**

Individual 1

Mr Mrs Miss Ms Other

First given name Other given name(s)

Surname

Any other name known by (if applicable)
Required under the AML/CTF Act 2006

Date of birth Required under the AML/CTF Act 2006
 / /

Occupation Required under the AML/CTF Act 2006

Does Individual 1 have a tax file number (TFN)?
No Reason for exemption
Yes TFN

Is Individual 1 a foreign resident for tax purposes?
No
Yes Country of residence

Residential address for Individual 1 Required under the AML/CTF Act 2006
Street name and number
Suburb/town
State Postcode Country

Individual 1 (continued)

Work phone number Home phone number

Fax number Mobile phone number

Email address

Does Individual 1 have a Macquarie Access Code for online services?

No We will provide you with an access code.

Yes Macquarie Access Code

Would Individual 1 like to use PayAnyone on this account?

If you do not tick a box this service will not be activated.

No

Yes Please provide the email address you would like email confirmation of PayAnyone and BPAY transactions sent to.

If this is left blank we will use the email address provided above.

Were you a Macquarie Cash Management Trust (CMT) unit holder on 12 December 2007 and is your account still open?

Yes

No

All individuals must complete the applicable IFSA/FPA form if you were **not** CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole Traders form is available in the back of the Product Information Statement. All other forms can be downloaded from www.macquarie.com.au/idforms

Is there more than one applicant?

No **Go to 10**

Yes **Go to Individual 2**



@CMH00000@

Individual 2Mr Mrs Miss Ms Other

First given name

Other given name(s)

Surname

Any other name known by (if applicable)

Required under the AML/CTF Act 2006Date of birth Required under the AML/CTF Act 2006Occupation Required under the AML/CTF Act 2006

Does Individual 2 have a tax file number (TFN)?

No Reason for exemptionYes TFN

Is Individual 2 a foreign resident for tax purposes?

No Yes Country of residence*Residential address for Individual 2* Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

Work phone number

Home phone number

Fax number

Mobile phone number

Email address

Individual 2 (continued)

Does Individual 2 have a Macquarie Access Code for online services?

No We will provide you with an access code.Yes Macquarie Access Code

Would Individual 2 like to use PayAnyone on this account?

If you do not tick a box this service will not be activated.

No Yes Please provide the email address you would like email confirmation of PayAnyone and BPAY transactions sent to.

If this is left blank we will use the email address provided above.

Were you a Macquarie Cash Management Trust (CMT) unit holder on 12 December 2007 and is your account still open?

Yes No 

All individuals must complete the applicable IFSA/FPA form if you were **not** CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole Traders form is available in the back of the Product Information Statement. All other forms can be downloaded from www.macquarie.com.au/idforms

Are there more than two applicants?

No **Go to 10**Yes **Go to Individual 3****Individual 3**Mr Mrs Miss Ms Other

First given name

Other given name(s)

Surname

Any other name known by (if applicable)

Required under the AML/CTF Act 2006Date of birth Required under the AML/CTF Act 2006Occupation Required under the AML/CTF Act 2006

Does Individual 3 have a tax file number (TFN)?

No Reason for exemptionYes TFN

Individual 3 (continued)

Is Individual 3 a foreign resident for tax purposes?

No

Yes Country of residence

Residential address for Individual 3 Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

Work phone number

Home phone number

Fax number

Mobile phone number

Email address

Does Individual 3 have a Macquarie Access Code for online services?

No We will provide you with an access code.

Yes Macquarie Access Code

Would Individual 3 like to use PayAnyone on this account?

If you do not tick a box this service will not be activated.

No

Yes Please provide the email address you would like email confirmation of PayAnyone and BPAY transactions sent to.

If this is left blank we will use the email address provided above.

Were you a Macquarie Cash Management Trust (CMT) unit holder on 12 December 2007 and is your account still open?

Yes

No



All individuals must complete the applicable IFSA/FPA form if you were **not** CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole Traders form is available in the back of the Product Information Statement. All other forms can be downloaded from www.macquarie.com.au/idforms

Are there more than three applicants?

No **Go to 10**

Yes **Go to Individual 4**

Individual 4

Mr Mrs Miss Ms Other

First given name

Other given name(s)

Surname

Any other name known by (if applicable)

Required under the AML/CTF Act 2006

Date of birth Required under the AML/CTF Act 2006

Occupation Required under the AML/CTF Act 2006

Does Individual 4 have a tax file number (TFN)?

No Reason for exemption

Yes TFN

Is Individual 4 a foreign resident for tax purposes?

No

Yes Country of residence

Residential address for Individual 4 Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

Work phone number

Home phone number

Fax number

Mobile phone number

Email address

Does Individual 4 have a Macquarie Access Code for online services?

No We will provide you with an access code.

Yes Macquarie Access Code

Individual 4 (continued)

Would Individual 4 like to use PayAnyone on this account?

If you do not tick a box this service will not be activated.

No

Yes Please provide the email address you would like email confirmation of PayAnyone and BPAY transactions sent to.

If this is left blank we will use the email address provided above.

Were you a Macquarie Cash Management Trust (CMT) unit holder on 12 December 2007 and is your account still open?

Yes

No



All individuals must complete the applicable IFSA/FPA form if you were **not** CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole Traders form is available in the back of the Product Information Statement. All other forms can be downloaded from www.macquarie.com.au/idforms

You do not need to answer questions 3 to 9. Go to 10

3 Name of company, association or body



If the organisation was not a Cash Management Trust (CMT) unit holder on 12 December 2007 (or if the account has since closed), and has not previously provided the applicable IFSA/FPA form, you will need to complete it. You can download this form from www.macquarie.com.au/idforms



Please attach a copy of the certificate of registration – see the application guide for details.

4 What is the nature of the business activity?

Required under the AML/CTF Act 2006

5 Does the organisation have an ABN/ACN?

No Reason for exemption

Yes ABN/ACN

6 Does the organisation have a tax file number (TFN)?

No Reason for exemption

Yes TFN

7 Is the organisation a foreign entity for tax purposes?

Yes Country of residence

No *Go to next question*

8 Principal place of office for your account. This cannot be a PO Box.

Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

9 Provide the name(s) of the Sole Director/2 Directors or a Director and Secretary or Office Holder(s)

Sole Director/Director/Secretary/Office Holder 1

Mr Mrs Miss Ms Other

First given name

Other given name(s)

Surname

Any other name known by (if applicable)

Required under the AML/CTF Act 2006

Date of birth Required under the AML/CTF Act 2006

Occupation Required under the AML/CTF Act 2006

Residential address for Sole Director/Director/Secretary/Office Holder 1 Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

Work phone number

Home phone number

Fax number

Mobile phone number

Email address

Sole Director/Director/Secretary/Office Holder 1 (continued)

Does this officer have a Macquarie Access Code for online services?

No We will provide you with an access code.

Yes Macquarie Access Code

Would Individual 1 like to use PayAnyone on this account?

If you do not tick a box this service will not be activated.

No

Yes Please provide the email address you would like email confirmation of PayAnyone and BPAY transactions sent to.

If this is left blank we will use the email address provided above.



All individuals must complete the applicable IFSA/FPA form if you were **not** CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole Traders form is available in the back of the Product Information Statement. All other forms can be downloaded from www.macquarie.com.au/idforms

Is this a Sole Director company?

Yes Go to 10

No Go to Director/Secretary/Office Holder 2

Director/Secretary/Office Holder 2

Mr Mrs Miss Ms Other

First given name Other given name(s)

Surname

Any other name known by (if applicable)

Required under the AML/CTF Act 2006

Date of birth Required under the AML/CTF Act 2006

Occupation Required under the AML/CTF Act 2006

Residential address for Sole Director/Director/Secretary/Office Holder 2 Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

Director/Secretary/Office Holder 2 (continued)

Work phone number

Home phone number

Fax number

Mobile phone number

Email address

Does this officer have a Macquarie Access Code for online services?

No We will provide you with an access code.

Yes Macquarie Access Code

Would Individual 2 like to use PayAnyone on this account?

If you do not tick a box this service will not be activated.

No

Yes Please provide the email address you would like email confirmation of PayAnyone and BPAY transactions sent to.

If this is left blank we will use the email address provided above.



All individuals must complete the applicable IFSA/FPA form if you were **not** CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole Traders form is available in the back of the Product Information Statement. All other forms can be downloaded from www.macquarie.com.au/idforms

Would you like to appoint additional officers?

No

Yes



Please complete the Third Party Authority form in the back of the Product Information Statement.

10 Is the applicant a trust (for example a superannuation fund, family trust, deceased estate or minor) **OR** an entity such as an unincorporated business or association?

No Go to 17

Yes Go to next question

11 Are you applying on behalf of a minor (less than 18 years old)?

No Go to next question

Yes



Attach a copy of minor's birth certificate.

Name of the minor

Go to 17

12 Name of the trust/entity/trading name



If not previously provided you will need to complete the applicable IFSA/FPA form. You can download this form from www.macquarie.com.au/idforms

Additional documents may be required – refer to the application guide for details.

13 What is the nature of the trust/entity's activity? Required under the

AML/CTF Act 2006

14 Does the trust/entity have an ABN/ACN?

No reason for exemption

Yes ABN/ACN

15 Does the trust/entity have a tax file number (TFN)?

No reason for exemption

Yes TFN

16 Is the trust/entity a foreign entity for tax purposes?

No Go to next question

Yes country of residence

17 What is the mailing address for this account?

The mailing address will receive correspondence in relation to your account such as passwords and service information. If this section is not completed all mail will be sent to the residential address of Individual 1 (if an Individual account) or the principal place of office (if a corporate account).

Street name and number or PO Box

Suburb/town

State

Postcode

Country

18 How would you like to receive your statements?

Online only Go to 20

Printed and online Go to next question

If you do not tick a box you will receive online statements only

19 Where would you like your statements sent? *This address cannot be care of a third party.*

The account mailing address indicated in question 17 Go to next question (if not care of a third party)

Another address Please list the address below

Statement mailing address

Street name and number

Suburb/town

State

Postcode

Country

20 Will you require a cheque book?

Yes You will be issued with a book of 30 cheques

No Go to next question

21 Where would you like your interest paid?

Paid into my CMA account Go to next question

Paid into another account Provide account details below

Name of financial institution

Branch name and address

BSB

Account number

Account name

This account will automatically become a nominated account for funds transfer.

22 Would you like to nominate another account for funds transfer?

No Go to next question

Yes Provide account details below

Name of financial institution

Branch name and address

BSB


 -

Account number

Account name

23 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, located in the back of the Product Information Statement.


24 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 Provide the **company** name of your adviser/stockbroker

25 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 Third Party Authority form, located in the back of this Product Information Statement, and the third party will need to comply with the applicable identification requirements. Refer to the application guide for additional information.

26 What is the purpose of this account? Required under the AML/CTF Act 2006

savings

growth

income

retirement

business account

other please specify

27 How much is your initial deposit?

We cannot accept cash or third party cheques.


\$

28 How will you be making your initial deposit?

Funds transfer

You will be able to perform a funds transfer once you receive your BSB and account number which is included in your welcome kit.

Direct Debit

 You will need to complete the Direct Debit Request form, located in the back of the Product Information Statement.

Cheque – made payable to the account holder

29 Please read this before answering the following question

Joint accounts: If you do not tick/cross a box we will assume "All/both of us to sign".

Company, Incorporated Association or Body:

These accounts must be signed by two officers (e.g. two directors, a director and secretary or two office holders), or as required by the constitution or rules of the company or body, or signed by one director for a sole director company. If you do not cross a box, all future written instructions must be executed in the same way as this application form (unless instructed otherwise in writing).

Signing instructions for this account?

any one of us to sign

all/both of us to sign

other give details below

30 Applicant Declaration

I/we acknowledge that I/we have read and understood the Macquarie Cash Management Account Product Information Statement and agree to be bound by the Terms and Conditions set out in the Product Information Statement.

I/we acknowledge and agree that:

- if I/we do not provide Macquarie Bank Limited with information as requested, or there is a delay in providing Macquarie Bank Limited with this information, Macquarie Bank Limited may not be able to open my/our account; and
- Macquarie Bank Limited is not liable for any loss incurred by me/us as a result of any action of Macquarie Bank Limited which either delays an account being opened or results in an application being declined, when these actions are necessary for Macquarie Bank Limited to comply with its obligations under AML/CTF Laws; and
- Macquarie Bank Limited may require further information from me/us from time to time in order to meet its obligations under AML/CTF Laws and I/we agree to provide Macquarie Bank Limited with whatever additional information is reasonably required in order for Macquarie Bank Limited to meet its obligations under AML/CTF Laws; and
- Macquarie Bank Limited will use and disclose my/our personal information as set out under the heading "Personal Information" in the Product Information Statement.

I/we declare that all information that I/we have provided to Macquarie Bank Limited in relation to this application (whether on this form or by other means) is true and correct.

Authorisation of Individual 1 or Company Officer 1

Mr Mrs Miss Ms Other

Name (print here)

If a company officer, your corporate title

Individual Director Sole Director
 Secretary Trustee Other *specify below*

Signature

Date

Authorisation of Individual 2 or Company Officer 2

Mr Mrs Miss Ms Other

Name (print here)

If a company officer, your corporate title

Individual Director Secretary Trustee
 Other *specify below*

Signature

Date

Authorisation of Individual 3

Mr Mrs Miss Ms Other

Name (print here)

Signature

Date

Authorisation of Individual 4

Mr Mrs Miss Ms Other

Name (print here)

Signature

Date

31 Adviser use only

By completing this section of the application form you are confirming that you are an authorised representative of the dealer group below and that the dealer group holds a current AFS Licence and is authorised to deal in and advise on this cash product.

Dealer name

Dealer Code

Adviser name

Adviser code

Product **CMH** DAN This code can be used if your dealer group has a unique reference for this adviser

DCN This code can be used if your dealer group has a unique reference for this adviser