

Macquarie Bank Term Deposit Application

– Replicate existing cash account details

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



Do not use this form unless it accompanies the Product Information Statement dated 31 October 2014. This application form is only to be used by existing Macquarie CMA, Term Deposit or Cash XL (cash account) clients who wish to open a Term Deposit in the same name. It cannot be used to open an At-Call Account.

This form was updated in October 2014.

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

Before you start, please note:

- if you haven't provided a mobile number and email address please provide details as part of this application, to enable digital communications. Your application may not be finalised without this information.
- 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.

On receipt of this signed application form, Macquarie will open your Term Deposit, replicating the details on your existing cash account.

These details include:

- account name
- account holder name(s)
- date of birth (if applicable)
- residential/business/postal address
- mailing address
- email address(es)
- phone number(s)
- fax number(s)
- nominated Financial Services Professional
- Tax File Number(s) or ABN (if requested)

Please ensure your existing cash account details are correct. Visit macquarie.com.au and login to view your account details or call **1300 739 980** to update your details.

All individuals and entities must attach an FSC/FPA form completed by your licensed Financial Services Professional, unless you have provided these documents previously.

Return this form by mail to **Reply Paid 85744 Sydney NSW 2001**, email to termdeposits@macquarie.com, by fax to **1300 736 967** or for overseas fax to **+61 7 3233 5499**.

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Existing cash account

As you already hold an existing cash account, your Term Deposit account will be set up in the same name and the below applicant(s) details replicated.

Your existing cash account number:

Your existing cash account name:

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Term Deposit details

A. How much is your deposit amount (minimum \$10,000)? \$

B. For what term would you like to invest your funds?

- ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 6 months ☐ 9 months
☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years

C. What would you like to do with the interest paid on your Term Deposit?

- ☐ Reinvest to the Term Deposit ☐ Electronically credit the Nominated Bank Account in section 3

If no response is provided, interest will automatically be reinvested to the Term Deposit.

D. Please select an interest frequency

- ☐ At maturity ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually

If no response is provided, interest will be paid at maturity for terms under 1 year and annually for longer terms.

Term Deposit details (continued)

- E. Please advise whether you authorise the payment of a distribution fee in relation to your Term Deposit. Where you authorise Macquarie to make these distribution payments to your nominated financial services company for the amount selected below (amounts quoted are inclusive of GST), you acknowledge that:
- the interest rate applied to your deposit will be reduced by the selected percentage amount, and

if and when this term deposit is rolled over at maturity, this instruction will continue to apply unless I specifically advise Macquarie to cease or amend this payment.

Macquarie will not make these payments in certain circumstances, including where there is a legal impediment or prohibition on us making such payments. If no amount is selected this will be set to 0%.

☐ 0.00%

☐ 0.05%

☐ 0.10%

☐ 0.15%

☐ 0.20%

☐ 0.25%

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Account details

- A. Do you agree to allow MBL to apply the Tax File Number/s (TFN), ABN or exemption reason held on your existing cash account to your Term Deposit?
- ☐ Yes, please apply the existing TFN, ABN or exemption reason to my new Term Deposit

☐ No
- If we do not hold a TFN/ABN or exemption reason for your existing cash account, or if you opt not to have this applied to your Term Deposit, tax will be withheld from the interest paid to you at the highest marginal rate plus the Medicare levy. Collection of TFNs is authorised, and its use and disclosure are strictly regulated, by the tax laws and Privacy Act. Quoting your TFN/ABN or exemption reason is not compulsory and declining to quote your TFN/ABN or exemption reason is not an offence.
- B. Is this a business, company or trust account?
- ☐ No ► go to next question

☐ Yes, please supply the nature of the business or trust activity.

Business activity

Trustee for:

☐ SMSF

☐ Trust

☐ Other:

Beneficial owners:

Trust activity

☐ SMSF

☐ Family

☐ Other:

Beneficiaries:

If this is a corporate trust account we require both the business activity and the trust activity.

- C. Please supply the occupation of the individual applicant(s), director(s), secretary or trustee(s).

Individual 1 or Company Officer 1

Name

Mobile number (MANDATORY)

Email address (MANDATORY)

Occupation

Individual 3 or Company Officer 3

Name

Mobile number (MANDATORY)

Email address (MANDATORY)

Occupation

Account details (continued)

Individual 2 or Company Officer 2

Name

Mobile number (MANDATORY)

Email address (MANDATORY)

Occupation

Individual 4 or Company Officer 4

Name

Mobile number (MANDATORY)

Email address (MANDATORY)

Occupation

D.

What is the source of funds for this account?

☐ Superannuation contributions

☐ Commission

☐ Inheritance

☐ Savings

☐ Investment

☐ Normal course of business

☐ Asset sale

☐ Other, please specify:

E.

What is the purpose of this account?

☐ Savings

☐ Growth

☐ Income

☐ Retirement

☐ Business account

☐ Other, please specify:

F.

Please provide the details of the account to be debited for your initial deposit. This is also the account which funds will be returned to upon closure of your account. All withdrawals must be debited from an account in the same name as the Term Deposit.

BSB:

Account number:

Account name:

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Applicant declaration

This application must contain an original signature – 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 and understood the *Macquarie Bank Term Deposit Information Statement* and agree to be bound by the terms and conditions set out in the *Further information* booklet 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
- MBL may require further information from me/us from time to time in order to meet its obligations under AML/CTF Laws and/or its internal policies and procedures and I/we agree to provide MBL with whatever additional information is reasonably required in order for MBL to meet its obligations under AML/CTF Laws and/or its internal policies and procedures, and

- 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 Macquarie on 1800 806 310 or visiting **macquarie.com.au/optout-bfs**, and
- I/we authorise the Financial Services Professional listed below to have access to this account and accept and agree to be bound by the terms and conditions relating to Financial Services Professional access contained in the *Product Information Statement*
- I/we authorise and request any of the Macquarie Group companies listed in the direct debit agreement to direct debit the amount specified in section 2 from my Nominated Bank account specified in section 3 through the Bulk Electronic Clearing System, and
- I/we accept and agree to be bound by the terms and conditions contained in the direct debit agreement relating to the provision of the direct debit service contained in the *Further information* booklet.

I acknowledge and agree that deposits in the Macquarie Bank Term Deposit cannot be withdrawn prior to the agreed maturity date without the provision of 31 days' notice, except in cases of hardship.

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, and I/we agree to the terms of the Applicant Declaration above.

Signature of Individual 1 or Company Officer 1

Date:

/

/

Title:

Name:

If a company officer, your corporate title:

Signature of Individual 3

Date:

/

/

Title:

Name:

Signature of Individual 2 or Company Officer 2

Date:

/

/

Title:

Name:

If a company officer, your corporate title:

Signature of Individual 4

Date:

/

/

Title:

Name:

For more information about Macquarie Cash Solutions call us on **1300 739 980** or **+61 7 3233 8136** from overseas. You can also visit us at **macquarie.com.au/personal** or email us at **termdeposits@macquarie.com**. Visit **macquarie.com.au/personal/contact** for office locations in Sydney, Melbourne, Brisbane, Perth, and Adelaide.

Financial services professional use only: By completing this section of the application form you will be appointed as the primary Financial Services Professional on the account and will have enquiry authority on the account.

Company name:

Company code:

Representative name:

Representative code:

BFS0009 04/16