# 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)

ed 6 July 2015. s form was updated in July 2015.	
s form was apaated in daily 2010.	providing a mobile number and email address is mandatory for all applicants to enable digital communication.
ancial Services Professional use only: Account number enerated online):	for all applicants to enable digital communication  the welcome email and personal Macquarie Online details
ontraced Grilling).	including passwords and PINs for online and phone service will be sent to each applicant's email address provided in
ase use black ink and mark boxes with an [x].	this application
ntification required: All individuals must attach original certified ies of identification or an FSC/FPA form completed by your licensed incial Services Professional, unless you are an existing Macquarie nt. For other entities, such as companies, trusts, associations, and on, the relevant identification form must also be completed and	<ul> <li>provision of a TFN or ABN is not compulsory, however, if you do not quote your TFN (including both TFNs for joint accounts), ABN or claim an exemption, tax may be withhel from the interest paid to you at the highest marginal tax rate plus the Medicare Levy. Declining to quote a TFN is no an offence.</li> </ul>
additional documentation must be provided as outlined in the lication guide available online. These forms can be downloaded in macquarie.com.au/idforms	
n macquarie.com.au/idforms	
What type of account are you	applying for?
Individual, joint or non-corporate trust ▶ go to 2 Compa	any, corporate trust or other ► go to 3
2	
Details of individuals or trustee	es e
Individual 1	
T:41a.   F. III a-a-a (-).	
Title: Full name(s):	
Any other name known by:	Occupation:
	Occupation:  Date of birth: / /
Any other name known by:	
Any other name known by:  Mother's maiden name:  Tax File Number (TFN) or reason for exemption:	Date of birth: / /
Any other name known by:  Mother's maiden name:  Tax File Number (TFN) or reason for exemption:  Is Individual 1 a foreign citizen or resident for tax purposes?  No	Date of birth: / /  Yes, country of residence:
Any other name known by:  Mother's maiden name:  Tax File Number (TFN) or reason for exemption:  Is Individual 1 a foreign citizen or resident for tax purposes?  Notice of the United States, provide Taxpayer Identification.	Date of birth: / /  Yes, country of residence:
Any other name known by:  Mother's maiden name:  Tax File Number (TFN) or reason for exemption:  Is Individual 1 a foreign citizen or resident for tax purposes?  No	Date of birth: / /  Yes, country of residence:  Ication Number (TIN):  Imber:
Any other name known by:  Mother's maiden name:  Tax File Number (TFN) or reason for exemption:  Is Individual 1 a foreign citizen or resident for tax purposes?  Notice of the United States, provide Taxpayer Identification.	Date of birth: / /  Yes, country of residence:
Any other name known by:  Mother's maiden name:  Tax File Number (TFN) or reason for exemption:  Is Individual 1 a foreign citizen or resident for tax purposes?  Notice of the United States, provide Taxpayer Identification.	Date of birth: / /  Yes, country of residence:  Ication Number (TIN):  Imber:
Any other name known by:  Mother's maiden name:  Tax File Number (TFN) or reason for exemption:  Is Individual 1 a foreign citizen or resident for tax purposes? No  If country of residence is the United States, provide Taxpayer Identification.  Residential address (cannot be a PO Box) Street name and number of the postcode:  State:  Postcode:  Country:	Date of birth: / /  Yes, country of residence:  Ication Number (TIN):  Imber:
Any other name known by:  Mother's maiden name:  Tax File Number (TFN) or reason for exemption:  Is Individual 1 a foreign citizen or resident for tax purposes? No  If country of residence is the United States, provide Taxpayer Identification.  Residential address (cannot be a PO Box) Street name and number of the postcode:  State:  Postcode:  Country:	Date of birth: / /  Yes, country of residence:  cation Number (TIN):  mber:  Suburb:
Any other name known by:  Mother's maiden name:  Tax File Number (TFN) or reason for exemption:  Is Individual 1 a foreign citizen or resident for tax purposes? No  If country of residence is the United States, provide Taxpayer Identification.  Residential address (cannot be a PO Box) Street name and number of the postal address: Same as residential address? Yes ▶ go to	Date of birth: / /  Yes, country of residence:  cation Number (TIN):  mber:  Suburb:
Any other name known by:  Mother's maiden name:  Tax File Number (TFN) or reason for exemption:  Is Individual 1 a foreign citizen or resident for tax purposes? No  If country of residence is the United States, provide Taxpayer Identifit  Residential address (cannot be a PO Box) Street name and nu  State:  Postal address: Same as residential address? Yes ▶ go to  Street name and number or PO Box:	Date of birth: / /  Yes, country of residence:  cation Number (TIN):  mber:  Suburb:  work phone number No ▶ please provide below
Any other name known by:  Mother's maiden name:  Tax File Number (TFN) or reason for exemption:  Is Individual 1 a foreign citizen or resident for tax purposes? No  If country of residence is the United States, provide Taxpayer Identification  Residential address (cannot be a PO Box) Street name and number of the postal address:  Postcode:  Country:  Postal address: Same as residential address? Yes ▶ go to	Date of birth: / /  Yes, country of residence:  ication Number (TIN):  mber:  Suburb:  work phone number No ▶ please provide below

# Details of individuals or trustees (continued)

Work phone number				Mobile nun	
Email (MANDATORY)					
Are there any more applica	ants?	to 4	Individual 2		
Individual 2					
Title: F	ull name(s):				
Any other name known by:			Occupa	tion:	
Mother's maiden name:				Date of birth:	/ /
Tax File Number (TFN) or re	ason for exemption	n: [			
ls Individual 2 a foreign citiz	en or resident for ta	ax purposes? No	Yes, country of	residence:	
If country of residence is the	e United States, pro	ovide Taxpayer Identifica	ation Number (TIN): (		
Residential address (can	not be a PO Box)	Street name and numb	ber:		
			Suburb	:	
State: Post	code:	Country:			
Postal address: Same as	residential addres	s? Yes ▶ go to w	ork phone numbe	er	ase provide below
Street name and number o	or PO Box:				
			Suburb	:	
	tcode:	Country:	Suburb	:	
		Country:	Suburb		nber (MANDATORY)
State: Post			Suburb		nber (MANDATORY)
State: Post			Suburb		nber (MANDATORY)
State: Post Work phone number	):	Home phone number	Suburb		nber (MANDATORY)
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State: Post Work phone number  Pemail (MANDATORY)  Are there any more applica  Individual 3  Title: F  Any other name known by:	nts? No ▶ go	Home phone number  to 4  Yes ▶ go to	o Individual 3	Mobile num	
State: Post Work phone number  Pemail (MANDATORY)  Are there any more applica  Individual 3  Title: F  Any other name known by:  Mother's maiden name:	ants? No ▶ go  ull name(s):	to 4 Yes ▶ go to	o Individual 3	Mobile num	
State: Post Work phone number  Pemail (MANDATORY) Are there any more applicated individual 3  Title: For any more in the state of the s	ants? No ▶ go  ull name(s):  eason for exemption en or resident for ta	to 4  Yes ▶ go to	Occupa  Yes, country of	Mobile num	
State: Post Work phone number  Pemail (MANDATORY)  Are there any more applicated individual 3  Title: For any other name known by:  Mother's maiden name: Tax File Number (TFN) or results Individual 3 a foreign citizens.	ants? No ▶ go  ull name(s):  eason for exemption en or resident for ta e United States, pro	Home phone number  to 4  Yes ▶ go to  The property of the pro	Occupa  Yes, country of ation Number (TIN):	Mobile num	
State: Post Work phone number  Pemail (MANDATORY) Are there any more applicated individual 3  Title: Foundation of the state of the sta	ants? No ▶ go  ull name(s):  eason for exemption en or resident for ta e United States, pro	Home phone number  to 4  Yes ▶ go to  The property of the pro	Occupa  Yes, country of ation Number (TIN):	Mobile num	
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State: Post Work phone number  Pemail (MANDATORY) Are there any more applicated individual 3  Title: Foundation of the properties of the properties of the properties of the post of the p	ants? No ▶ go  ull name(s):  eason for exemption en or resident for ta e United States, pro not be a PO Box)	Home phone number  to 4 Yes ▶ go to	Occupa  Yes, country of ation Number (TIN):	Mobile num  tion:  Date of birth:  residence:	
State: Post Work phone number  Pemail (MANDATORY) Are there any more applicated individual 3  Title: Foundation of the properties of the properties of the properties of the post individual 3 a foreign citized individu	ants? No ▶ go  ull name(s):  eason for exemption en or resident for ta e United States, pro not be a PO Box)  code:  greater and the second of the second o	Home phone number  to 4 Yes ▶ go to	Occupa  Occupa  Yes, country of ation Number (TIN): ber:  Suburb	Mobile num  tion:  Date of birth:  residence:	/ /

## Details of individuals or trustees (continued)

Work phone number	Home phone number	Mobile number (MANDATORY)
Work priorie number	Home priorie number	Mobile Humber (MANDATORY
Email (MANDATORY):		
Are there any more applicants?	lo <b>▶</b> go to 4 Yes <b>▶</b> go to Ind	dividual 4
——————————————————————————————————————		arridud. 4
Individual 4		
Title: Full name(s):		
Any other name known by:		Occupation:
Mother's maiden name:		Date of birth: / /
Tax File Number (TFN) or reason for ex	emption:	
Is Individual 4 a foreign citizen or reside	ent for tax purposes? No	Yes, country of residence:
If country of residence is the United Sta	ates, provide Taxpayer Identification	n Number (TIN):
Residential address (cannot be a PC	D Box) Street name and number:	
		Suburb:
State: Postcode:	Country:	
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Doctol address: Come as residential	laddraga? Vac b as to word	k nhana numbar Na Na Na nlagga nyayida balayy
(	address? Yes ▶ go to work	k phone number
(	address? Yes ▶ go to work	
Street name and number or PO Box:		Suburb: No ▶ please provide below
Street name and number or PO Box:	Country:	Suburb:
Street name and number or PO Box:		
Work phone number	Country:	Suburb:
Street name and number or PO Box:  State:  Postcode:  Work phone number  Pemail (MANDATORY):	Country:  Home phone number	Suburb:   Mobile number (MANDATORY
Street name and number or PO Box:  State:  Postcode:  Work phone number  Pemail (MANDATORY):	Country:  Home phone number	Suburb:
Street name and number or PO Box:  State:  Postcode:  Work phone number  Pemail (MANDATORY):  Are there any more applicants?	Country:  Home phone number	Suburb:   Mobile number (MANDATORY
Street name and number or PO Box:  State:  Postcode:  Work phone number  Pemail (MANDATORY):  Are there any more applicants?  N  Beneficial Controller(s)	Country:  Home phone number  lo ▶ go to 4 Yes ▶ enter de	Suburb:  Mobile number (MANDATORY  etails on an additional application form
Street name and number or PO Box:  State:  Postcode:  Work phone number  Pemail (MANDATORY):  Are there any more applicants?  N  Beneficial Controller(s)  Please provide the names of the indivi	Country:  Home phone number  lo ▶ go to 4 Yes ▶ enter de	Suburb:  Mobile number (MANDATORY  etails on an additional application form  entrol the trust.
Street name and number or PO Box:  State:  Postcode:  Work phone number  Pemail (MANDATORY):  Are there any more applicants?  N  Beneficial Controller(s)  Please provide the names of the indivi	Country:  Home phone number  lo > go to 4  Yes > enter de	Suburb:  Mobile number (MANDATORY  etails on an additional application form  entrol the trust.
Street name and number or PO Box:  State:  Postcode:  Work phone number  Pemail (MANDATORY):  Are there any more applicants?  N  Beneficial Controller(s)  Please provide the names of the indivi	Country:  Home phone number  lo > go to 4 Yes > enter de  iduals who directly* or indirectly co provide details on a separate sheet.  Ben	Suburb:  Mobile number (MANDATORY  etails on an additional application form  entrol the trust.
Street name and number or PO Box:  State:  Postcode:  Work phone number  Pemail (MANDATORY):  Are there any more applicants?  N  Beneficial Controller(s)  Please provide the names of the indivi  If there are more beneficial owners  Beneficial Controller 1  Surname	Country:  Home phone number  To provide details on a separate sheet.  Ben Surn	Suburb:  Mobile number (MANDATORY  etails on an additional application form  ontrol the trust.  Deficial Controller 2  name
Street name and number or PO Box:  State:  Postcode:  Work phone number  Pemail (MANDATORY):  Are there any more applicants?  N  Beneficial Controller(s)  Please provide the names of the indivi  If there are more beneficial owners  Beneficial Controller 1  Surname	Country:  Home phone number  To provide details on a separate sheet.  Ben Surn	Suburb:  Mobile number (MANDATORY  etails on an additional application form  entrol the trust.
Street name and number or PO Box:  State:  Postcode:  Work phone number  Pemail (MANDATORY):  Are there any more applicants?  Note there any more applicants?  Note there are more beneficial owners in the second of the indivication of the individual	Country:  Home phone number  To provide details on a separate sheet.  Ben Surn Full g	Suburb:  Mobile number (MANDATORY  etails on an additional application form  entrol the trust.  Deficial Controller 2  Deame  Given name(s)
Street name and number or PO Box:  State:  Postcode:  Work phone number  Pemail (MANDATORY):  Are there any more applicants?  N  Beneficial Controller(s)  Please provide the names of the indivi	Country:  Home phone number  To provide details on a separate sheet.  Ben Surn Full g	Suburb:  Mobile number (MANDATORY  etails on an additional application form  ontrol the trust.  Deficial Controller 2  name

<sup>\*</sup> Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official(s) of the company (such as the managing directors who are authorised to sign on the company's behalf).

# Details of individuals or trustees (continued)

Beneficial Controller 1		Beneficial Controller 2	
Driver's license number  Residential address (cannot be	Expiry date / / a PO Box)	Driver's license number  Residential address (cannot	Expiry date / / be a PO Box)
Street name and number		Street name and number	
Suburb:		Suburb:	



Α.	Full name of company, association or body:
	If the company, association or body has not previously provided the applicable identification form and/or identification documents, you will need to provide these. You can download these forms from macquarie.com.au/idforms
В.	What is the nature of the business activity?
C.	ABN/ACN or reason for exemption:
D.	Tax File Number (TFN) or reason for exemption:
E.	Is the company, association or body a foreign entity for tax purposes?
	No ▶ go to next question Yes, country of domicile:
	If country of domicile is the United States, complete the relevant Macquarie identification form, authorised advisers complete the relevant FSC/FPA form, or complete the FATCA identification form.
F.	Is the company a financial institution (for the purposes of FATCA) or does the company have United States citizens or
	residents as beneficial owners?  No <b>b</b> go to next question  Yes, complete the relevant Macquarie identification form, authorised advisers  complete the relevant FSC/FPA form, or complete the FATCA identification form.
_	Complete the relevant 1 30/1 FA form, or complete the 1/A/0A/Identification form.
G.	Principal place of office for your business (cannot be a PO Box):
	Suburb:
	State: Postcode: Country:
Cor	mpany Officer 1 (director, sole director or secretary)
Title:	
Any	other name known by: Occupation:
Moth	ner's maiden name: Date of birth: / /
	dential address (cannot be a PO Box) Street name and number:
Resi	Suburb:
Resi	Suburb.
Resi	

# Details of company, association or body (continued)

Ctata		a day		Carrata				
State:	Postco	ode:		Country:				
Work phone nur	nber		Hon	ne phone num	ber		ı	Mobile number (MANDATOF
PEmail (MAN	NDATORY):							
Would you like to	o appoint add	ditional Offic	ers?	No <b>▶ go to 4</b>				
				Yes <b>▶</b> go to C	ompany Of	ficer 2		
Company C	 Officer 2 (c	director c	r secre	tary)				
Title:	Ful	name(s):						
Any other name	known by:					Occu	patio	n:
Mother's maider	name:							Date of birth: / /
Residential add	dress (canno	ot be a PO I	Box) Str	reet name and	number:			
			- , 30			Subu	ırh.	
				) -		June	11 D.	
State:	Postco	ode:		Country:				
Postal address	: Same as r	esidential a	ddress?	Yes ▶ go	to work pl	hone num	ber	No <b>▶</b> please provide below
Ot								
Street name and	d number or	PO Box:						
Street name and	d number or	PO Box:				Cultur		
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	Postce			Country:		Subu	ırb:	
State:	Postce		Hon	Country:	ber	Subu	ırb:	Mobile number (MANDATOF)
State:  Work phone nur	Postce		Hom		ber	Subu	ırb:	Mobile number (MANDATOF)
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State:  Work phone nur  Email (MAN)  Would you like to	Postor mber  NDATORY): p appoint add  Owner/Cor	ode:	pers?	ne phone num  No ▶ go to 4  Yes ▶ please	complete a	Third Par	ty Au	thority form available online
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State:  Work phone nur  Pemail (MAN  Would you like to  Beneficial O  Provide the deta  indirect shareho  the individuals w  If there are m	Postor  MDATORY): Display appoint add  DWNer/Cor  ails of the induldings). If the who directly*  more beneficial	ode:  ditional Officentroller(s) ividuals where are no inor indirectly all owners pre	pers?	ne phone num  No ▶ go to 4  Yes ▶ please  ly own 25% o who own 25% ne company.	complete a	e company	ty Au	thority form available online sued share capital (through direct or
State:  Work phone nur  Pemail (MAN  Would you like to  Beneficial O  Provide the deta  indirect shareho  the individuals w  If there are m	Postcomber  NDATORY): Display appoint add  NOWNEY/Corrails of the indulatings). If the who directly*  nore beneficial appoint additional appoint a	ode:  ditional Officentroller(s) ividuals where are no inor indirectly all owners pre	ers? Oultimate dividuals control the ovide deta	ne phone num  No ▶ go to 4  Yes ▶ please  ly own 25% o who own 25% ne company.	r more of the or more of the sheet.	e company	tty Au y's issany's	thority form available online sued share capital (through direct of shareholdings, provide the names
State:  Work phone nur  Pemail (MAN  Would you like to  Beneficial O  Provide the deta  indirect shareho  the individuals w  If there are m  Beneficial O  Beneficial O	Postcomber  NDATORY): Display appoint add  NOWNEY/Corrails of the indulatings). If the who directly*  nore beneficial appoint additional appoint a	ode: ditional Office of the controller (s) ividuals where are no in or indirectly all owners propoller 1	ers? Oultimate dividuals control the ovide deta	ne phone num  No ▶ go to 4  Yes ▶ please  ly own 25% o who own 25% ne company.	r more of the or more of the sheet.	e company the comp	tty Au y's issany's	sued share capital (through direct or shareholdings, provide the names
State:  Work phone nur  Pemail (MAN Would you like to Beneficial O Provide the deta indirect shareho the individuals w  If there are m Beneficial O Beneficial O Surname	Postor  MDATORY): Display appoint add  DWNer/Cor  ails of the ind  Iddings). If the who directly*  more beneficial  wner/Contr  wwwer E	ode: ditional Office of the controller (s) ividuals where are no in or indirectly all owners propoller 1	ers? Oultimate dividuals control the ovide deta	ne phone num  No ▶ go to 4  Yes ▶ please  ly own 25% o who own 25% ne company.	r more of the or more of the sheet.  Benefic Surnam	e company the comp	ty Au y's issany's any's	sued share capital (through direct or shareholdings, provide the names
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State:  Work phone nur  Pemail (MAN  Would you like to  Beneficial O  Provide the deta indirect shareho the individuals w  If there are m  Beneficial O  Surname  Full given name(	Poston Po	ode: ditional Office of the controller (s) ividuals where are no in or indirectly all owners propoller 1	ers? Oultimate dividuals control the ovide deta	ne phone num  No ▶ go to 4  Yes ▶ please  ly own 25% o who own 25% ne company.	r more of the sor more of the sheet.  Benefic Surnam  Full give	e company the composition of the	ty Au y's issany's any's	thority form available online sued share capital (through direct or shareholdings, provide the names  Controller 2  Beneficial Controller
State:  Work phone nur  Pemail (MAN  Would you like to  Beneficial O  Provide the deta  indirect shareho  the individuals w  If there are m  Beneficial O  Beneficial O  Surname	Poston Po	ode: ditional Office of the controller of the co	ers? Oultimate dividuals control the ovide deta	ne phone num  No ▶ go to 4  Yes ▶ please  ly own 25% o who own 25% ne company.	r more of the sor more of the sheet.  Benefic Surnam  Full give	e company the comp	ty Au y's issany's any's	thority form available online sued share capital (through direct or shareholdings, provide the names  Controller 2  Beneficial Controller

<sup>\*</sup> Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official(s) of the company (such as the managing directors who are authorised to sign on the company's behalf).

# Details of company, association or body (continued)

Driver's license number	Expiry date	Driver's license number Expiry date
Driver 3 licerise Humber	/ /	Expiry date  / / /
Residential address (cannot	be a PO Box)	Residential address (cannot be a PO Box)
Street name and number		Street name and number
Suburb:		Suburb:
State:	Postcode:	State: Postcode:



4	Details of the Trust
A.	Is the applicant a trust (for example a superannuation fund, family trust, deceased estate or minor) <b>OR</b> an entity such as an unincorporated business or association?  No ▶ go to 5 Yes ▶ go to next question
В.	Are you applying on behalf of a minor (less than 18 years old)?
	Yes, name of the minor:
	Attach a copy of minor's birth certificate. Please note section 2 must be completed by a parent/guardian ▶ go to 5
C.	Full name of the trust/entity/trading name:
	If not previously provided you will need to complete the applicable identification form. You can download this form from macquarie.com.au/idforms. Additional documents may be required – refer to the Application Guide for details.
D.	What is the nature of the trust or entity's business activity?
E.	ABN/ACN or reason for exemption:
F.	Tax File Number (TFN) or reason for exemption:
G.	Is the Trust a foreign entity for tax purposes?  No ▶ go to next question Yes, country of domicile:
	Regulated super funds (eg self managed super funds $\blacktriangleright$ go to 5  Other trust type, if country of domicile is the United States $\blacktriangleright$ complete the relevant Macquarie identification form, authorised advisers complete the relevant FSC/FPA form or complete the FATCA identification form
H.	Is the Trust a financial institution (for the purposes of FATCA) or are any of the Trust beneficiaries, trustees or settlors United States citizens or residents of the United States for tax purposes?
	No ▶ go to 5 Yes, complete the relevant Macquarie identification form, authorised advisers complete the relevant FSC/FPA form or complete the FATCA identification form.



# Account details

	Individual 1 postal address Principal place of business Other (details below)						
	Suburb:						
	State: Postcode: Country:						
3.	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 elect to receive printed statements, fees and charges may apply. Please refer to the Product Information Statement for details.						
Э.	Will you require a cheque book? No Yes  Cheque books contain 30 cheques per booklet. Fees are outlined in the Product Information Statement.						
O.	Would you like to nominate another account for funds transfers?						
	Yes, provide account details BSB: Account number:						
	Account name:						
	You must answer <b>ALL</b> parts of question 5D or we will not be able to set up your account. Please check your linked 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.						
Ξ.	Will you be making regular deposits by Direct Debit from another account?						
	No ▶ go to next question						
	Yes, you will need to complete the <i>Direct Debit Request</i> 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						
Э.	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:						
Н.	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 with 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 new 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:						
J.	What is the source of funds for this account?  Superannuation contributions  Commission Inheritance						
	Savings Investment Normal course of business Asset sale						
	Other, please specify:						
<b>&lt;</b> .	Other, please specify:  What is the purpose of this account? Savings Growth Income Retirement Business account						



## 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
- the information provided by me/us in this application form including my/our relevant tax status, or to my/our financial services professional, to enable MBL to comply with the US Foreign Account Tax Compliance Act, its supporting regulations and any related laws designed to implement those laws in Australia (FATCA), is correct. I/we will promptly notify MBL and provide any changes to the information provided by me/us in connection with FATCA, and
- MBL may require further information from me/us from time to time in order to meet its obligations under AML/CTF Laws, FATCA 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, FATCA 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 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, and
- I/We declare that all information that I/we have provided to MBL in relation to this application (whether on this form or by other means) is true and correct.

# Signature of Individual 1 or Company Officer 1

Date: Title: Name:

If a company officer, your corporate title:

### Signature of Individual 3

Title: Date:

Data:	 	Title	

Name:

If a company officer, your corporate title:

#### Signature of Individual 4

Date:	/	/	Title:	
Name:				

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

Financial Services Professional use only: By completing this section of the application form you are confirming that 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:

Product: CMH

Financial Services Professional name:

Representative code:

Name: