

Macquarie Cash Solutions Payment Direct Credit Application Form



Macquarie Investment Management Limited ABN 66 002 867 003 AFSL No. 237 492 is the issuer of the Macquarie Cash Management Trust (CMT).
Macquarie Bank Limited ABN 46 008 583 542 AFSL No. 237 502 is the issuer of the Macquarie Cash Management Account (CMA) and Macquarie Cash XL (Cash XL).
Macquarie Life Limited (MLL) ABN 56 003 963 773 AFSL No. 237 497.

PLEASE USE BLACK INK

Use this form to nominate an account for receipt of your payments (e.g. commissions).

Please send this form to:

Reply Paid 1459,
BRISBANE QLD 4001
Phone: 1800 808 508
Fax: 1800 550 140

For New Zealand companies, please send this form to:

Freepost 55997, PO box 2006,
Shortland Street
Auckland, New Zealand, 1140
Phone: 0800 650 125 or Fax: 0800 768 686
Online: www.macquarie.co.nz

Online: www.macquarie.com.au
Email: adviser@macquarie.com.au

1 Direct Credit Request

I/We hereby request Macquarie Investment Management Limited, Macquarie Bank Limited and/or Macquarie Life Limited to remit all payments due and payable to

to the account detailed in section 2 below

2 Account details

Name of Bank, Building Society or Credit Union

Branch address

Branch (BSB) number

Account/membership number

Account name

3 Who may we contact regarding this account?

Full name

Contact Number (business hours)

Contact Number (after hours)

Email address

4 How would you like to receive your statements for these payments?

Online *please complete the Dealer Level Access Form in addition to this form. This form is available by contacting 1800 808 508.*

Mail

5 Declaration and signatures

By completing this form, you accept and agree to be bound by the terms, conditions and indemnities contained in the relevant Product Disclosure Statement and/or Product Information Statement (as applicable to you) and the terms and conditions in Section 6 overleaf.

Execute this form by two directors, sole director or director and secretary, on behalf of the company.

Signature 1

Mr Mrs Miss Ms Other

Name (Print here)

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

If a company officer, your corporate title

Director Sole Director

Signature

Date

Signature 2

Mr Mrs Miss Ms Other

Name (Print here)

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

If a company officer, your corporate title

Director Secretary

Signature

Date

6 Terms and Conditions

I/We understand that:

1. Changes to the nominated account details can only be made in writing by authorised signatories.
2. It may take up to two days from the date of payment for the transfer to reach the nominated account. It is possible that delays may occur which are beyond the control of Macquarie Investment Management Limited, Macquarie Bank Limited and/or Macquarie Life Limited.
3. Should my payment be returned to Macquarie Investment Management Limited, Macquarie Bank Limited and/or Macquarie Life Limited from my/our financial institution, Macquarie Investment Management Limited, Macquarie Bank Limited and/or Macquarie Life Limited will contact me/us to make further arrangements.
4. Macquarie Investment Management Limited, Macquarie Bank Limited and/or Macquarie Life Limited will endeavour to make the payments, but accepts no responsibility for making them. Macquarie Investment Management Limited, Macquarie Bank Limited and/or Macquarie Life Limited shall not incur any liability for refusing or omitting to make all or any of the payments or for late payment or for failing to follow my/our instructions.
5. Macquarie Investment Management Limited, Macquarie Bank Limited and/or Macquarie Life Limited may terminate this authority as to future payments, at any time by notice in writing to me/us.
6. This authority will remain in effect for Macquarie Investment Management Limited's, Macquarie Bank Limited's and/or Macquarie Life Limited's protection for payments made in good faith, regardless of my/our death, bankruptcy or liquidation until Macquarie Investment Management Limited, Macquarie Bank Limited and/or Macquarie Life Limited is notified in writing of any of those events or revocation of this authority.

Office Use Only

Date Received:

/ /

Input by:

Dealer Code: