

# Macquarie Cash Solutions Deceased Estate Change of Account Details

Macquarie Bank Limited ABN 46 008 583 542 AFSL No. 237 502 is the provider of the Macquarie Cash Management Account (CMA) and Macquarie Cash XL (Cash XL).



PLEASE USE BLACK INK

Please use this form to amend the details on a deceased estate account.

**Return this form to:**

Reply paid 192  
AUSTRALIA SQUARE NSW 1215  
Fax: 1800 550 140  
Overseas fax: +61 7 3233 5499

Phone: 1800 806 310  
Overseas phone: +61 7 3233 8136

Visit [macquarie.com.au/personal/contact](http://macquarie.com.au/personal/contact) for other office locations in Melbourne, Brisbane, Perth, and Adelaide.

**Online:** [macquarie.com.au/personal](http://macquarie.com.au/personal)  
**Email:** [transact@macquarie.com](mailto:transact@macquarie.com)

**1** Account number(s) of the deceased – *Please use a separate form for different account types eg individual, joint, etc.*

**2** What is/are the account name(s)?

**3** What is the new account mailing address?

Street name and number

Suburb/town

State

Postcode

Country

**What is your residential address and contact details?**

**Account holder 1**

*Residential address.* Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

Contact number (BH)

Contact number (AH)

Fax number

Mobile phone number

Date of birth Required under the AML/CTF Act 2006

Email address

Cross this box if you would like to use this email address to receive your Pay Anyone and BPAY® confirmation emails, replacing your existing email address.

**Account holder 2**

*Residential address.* Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

Contact number (BH)

Contact number (AH)

Fax number

Mobile phone number

Date of birth Required under the AML/CTF Act 2006

Email address

Cross this box if you would like to use this email address to receive your Pay Anyone and BPAY® confirmation emails, replacing your existing email address.

**4** Tax File Number (TFN) or ABN

OR

Reason for exemption

Provision of a TFN or ABN is not compulsory, however, if you do not quote your TFN or ABN (including both TFNs for joint accounts) or claim an exemption, tax may be deducted from the interest paid to you at the highest marginal tax rate plus Medicare levy. Declining to quote a TFN is not an offence.

**5** Please note the interest/income payments on the account(s) will be reinvested into the account(s). If you would prefer for the interest/income to be transferred to an external bank account, complete the *Change of Account Details* form.

**6** Do you have access to transact@macquarie and/or Macquarie PhoneLink?

No  Would you like to have access?

No

Yes  Please complete a *Macquarie Online and Phone Registration* form available from our website or by contacting us.

Yes  Please supply your Macquarie Access Code

**7** Would you like to nominate a bank account for funds transfers?

No  Go to next question

Yes  Provide account details

**Please check your payee account details carefully.** It is your responsibility to ensure all payee account details are correct. Payments are processed using the BSB and account number provided, and account names are used as a reference only. Incorrect details may result in a loss of funds and we do not guarantee their recovery. We do not accept liability for funds unable to be recovered. Please confirm the correct account details with the payee.

Name of Bank, Building Society or Credit Union

Branch address

Branch (BSB) number


 - 

Account/membership number

Account name

**8** Would you like a chequebook? (CMA only)

No  If there is already a cheque book on the account it will be cancelled.

Yes   Please note, applicable cheque book fees will apply, as disclosed in the Macquarie CMA Product Information Statement.

**Cheque book**

30 cheques

50 cheques

100 cheques

**Deposit book**

30 pages

**9** Do you have an adviser who you would like linked to this account with enquiry authority? Please note: the adviser will be paid a commission from Macquarie.

No  Remove any existing adviser on the account.

Yes  Please specify

Retain the existing adviser

Remove any existing adviser and appoint a new adviser who's details appear below.

**Adviser name**

First name

Surname

Company

If you wish to add new signatories a separate *Third Party Authority* form must be completed.

**10** What is the purpose of this investment? Required under the AML/CTF Act 2006.

Savings

Business account

Growth

Other  Please specify

Income

Retirement

**11** Account operating instructions (joint accounts)

Please provide your account operating instructions:

Either to sign

All/both to sign together

If you do not cross a box, we will assume all/both to sign.

**12 Declaration and signatures**

By completing this form, you accept and agree to be bound by the terms and conditions contained in the CMA Product Information Statement or the Cash XL Product Information Statement (as applicable to you). If you do not already have a copy of the relevant offer document you can obtain it from our website at macquarie.com.au/personal or by contacting us.

If not already provided, all account signatories are required to complete an identification form under the AML/CTF Act 2006. Forms are available online at macquarie.com.au/idforms or by contacting us.

**A) Signature of executor 1**

Mr  Mrs  Miss  Ms  Other

Name (print here)

Date of birth

Occupation Required under the AML/CTF Act 2006.

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

Signature

Date

**Signature of executor 2**

Mr  Mrs  Miss  Ms  Other

Name (print here)

Date of birth

Occupation Required under the AML/CTF Act 2006.

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

Signature

Date

**B) Signature of Beneficiary or surviving account holder for joint accounts**

If the account is being transferred to a beneficiary or surviving account holder, the beneficiary must sign below.

**Signature of Beneficiary/surviving account holder 1**

Mr  Mrs  Miss  Ms  Other

Name (print here)

Date of birth

Occupation Required under the AML/CTF Act 2006.

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

Signature

Date

**Signature of Beneficiary/surviving account holder 2**

Mr  Mrs  Miss  Ms  Other

Name (print here)

Date of birth

Occupation Required under the AML/CTF Act 2006.

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

Signature

Date