

# Macquarie Cash Solutions

## Deceased Estate Withdrawal Form

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 withdraw funds from your Macquarie Cash 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 81366  
 Visit [macquarie.com.au/personal/contact](http://macquarie.com.au/personal/contact) for other office locations in Melbourne, Brisbane, Perth, and Adelaide.

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

**1 Your Macquarie account details**

What is your account number?

What is your contact telephone number?

**2 What is your account name (in full)?**

  


**3 Is this a full withdrawal?**

Yes  If yes, would you like to close this account? Yes  No

No  Please state the amount(s)

**4 Would you like a bank transfer?**

Please check your 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.

- a)  Overnight OR  
 Same day (not available for Cash XL). Please note: a fee applies to same day transfers. Same day transfers may not be applicable for funds going to credit unions and building societies
- b)  To nominated bank account on file OR  
 To the bank, building society or credit union detailed below (excluding Cash XL)

Please state the amount(s)

**Please complete the bank, building society or credit union details below**

Bank, building society or credit union name

Branch address

BSB

Account/membership number

Payee account name

If applicable, optional reference OR Tax Office Reference (EFT Code). This will appear on the destination account statement.

Optional narrative (if applicable – maximum of 40 characters). This will appear on your CMA statement

**5 Would you like a cheque or bank cheque?**

- Cheque  
 Bank cheque (please note a fee applies to bank cheques)

Payable to:

|    |    |
|----|----|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |

How would you like to obtain the cheque?

- Collect  will collect  
 from  office on   
 after 11.30am  after 2.30pm (Please note for WA clients the collection time is after 1.30pm).

Mail Post to:

Name

Address



**6 Special instructions**



**Office use only**

Sig Ver

Macquarie Access Code

Work Item Number (WIN)



Access BPAY® through [transact@macquarie](mailto:transact@macquarie)  
 ®Registered to BPAY Pty Ltd ABN 69 079137 518

**7 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 [www.macquarie.com.au/personal](http://www.macquarie.com.au/personal) or by contacting us.

**A) Signature of executor 1**

Mr  Mrs  Miss  Ms  Other

Name (print here)

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)

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 unitholder for joint accounts**

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

**Signature of beneficiary/surviving unitholder 1**

Mr  Mrs  Miss  Ms  Other

Name (print here)

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 unitholder 2**

Mr  Mrs  Miss  Ms  Other

Name (print here)

Occupation Required under the AML/CTF Act 2006.

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

Signature

Date