

Deceased Estate Change of Account Details

Macquarie Investment Management Limited ABN 66 002 867 003
 Macquarie Bank Limited ABN 46 008 583 542 AFSL No. 237502



PLEASE USE BLACK INK

1 What is/are your account number(s)?

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

3 What is/are the new account name(s)?

4 What are the new address details? (if applicable)

 Postcode

5 What are the new contact details?

AH ()	BH ()
Mobile	Fax ()
Email	

6 Tax File Number

--	--	--	--	--	--	--	--	--

7 How would you like your income to be paid?

Please issue my/our income distribution payment as detailed below:

Reinvest income as additional units into my account

Pay income to the bank, building society or credit union account shown in section 8

8 Bank, building society or credit union details

 Bank, building society or credit union name
 Branch address
 Bank and branch number (BSB) - Account number
 Account name

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

Yes If yes, please supply your Macquarie Access Code

No If no, would you like to have access? Yes No

10 Would you like a chequebook? (Macquarie Cash Trust only)

Yes If yes, please select required book size 30 50 100

No

Office use only	Sig. Ver.	Processed by	Authorised by	Date	Work Item Number (WIN)
-----------------	-----------	--------------	---------------	------	------------------------

Please turn over

11 Do you have an adviser which you would like linked to this account? Yes No

Adviser's name

Company

Address

Postcode

BH () Fax ()

Email

12 Account operating instructions

(A) For joint accounts – please provide your account operating instructions

Either to sign Both to sign together (if you do not tick a box, we will assume either to sign)

(B) For company accounts – please execute this form by two directors or sole director

If you do not tick a box or give instructions on an authority form, all future written instructions must be executed by two directors, or sole director, on behalf of the company and we will assume that all signatories are to sign.

When written authorisation is required:

Any one of us to sign All of us to sign Other (please specify below)

13 Your signature(s)

Signature of Individual/Director/Secretary Sole Director/Sole Secretary (Please circle applicable title)	Signature of Individual/Director/Secretary (Please circle applicable title)
Signature	Signature
Name / / Date	Name / / Date
Signature of Individual/Director/Secretary (Please circle applicable title)	Signature of Individual/Director/Secretary (Please circle applicable title)
Signature	Signature
Name / / Date	Name / / Date

14 Certification (applicable for accounts in one name only)

I, of

hereby certify that the above signature(s) are those of executor(s)/administrator(s) of the estate/late