

Macquarie Change of Account Details Form

Macquarie Investment Management Limited ABN 66 002 867 003 AFSL No. 237492 is the issuer of the Macquarie Cash Management Trust (CMT).
Macquarie Bank Limited ABN 46 008 583 542 AFSL No. 237502 is the issuer of the Macquarie Cash Management Account (CMA) and Macquarie Cash XL (Cash XL).
Macquarie Investment Services Limited ABN 73 071 745 401 AFSL No. 237495 is the issuer of the Macquarie Gift Edge Access Account (GEA).



PLEASE USE BLACK INK

Use this form to update or amend your Macquarie account details

If you have an adviser, please send this form to:

Reply Paid 1459,
BRISBANE QLD 4001

Contact your adviser or phone: 1800 806 310
Fax: 1800 550 140

Overseas Clients phone: +61 7 3233 8136

For Macquarie-advised or non-advised clients, please send this form to:

Reply Paid 192,
AUSTRALIA SQUARE NSW 1215

Phone: 1800 181 883
Fax: 1800 550 160

Overseas Clients phone: +61 2 8232 3737

For New Zealand clients

Phone: 0800 650 125

Fax: 0800 768 686

Online: www.macquarie.co.nz

Online: www.macquarie.com.au

Email: transact@macquarie.com.au

1 Your Macquarie account details

What is your account number?

What is your account name?

2 Your contact details

What is your old address?

Street name and number or post office box

Suburb/town

State

Postcode

Country

What is your new account mailing address?

Street name and number or Post Office box

Suburb/town

State

Postcode

Country

What is your new 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

Tick this box if you would like to use this email address to receive your PayAnyone 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

Tick this box if you would like to use this email address to receive your PayAnyone and BPay confirmation emails, replacing your existing email address.

3 Would you like to receive online statements only?

Yes, I would like to receive online statements only

No, I would like to receive printed statements and online statements.

Note: to access online statements you must be registered to use transact@macquarie.

4 Interest/Income distribution

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

Reinvest interest/income in my/our account

Pay interest/income to the bank, building society or credit union account shown in section 4 below
(excluding Macquarie Cash XL)

5 Banking Details

Please Note: Credit card accounts cannot be nominated, payments can be made using BPAY.

Record the account for transact@macquarie and/or Macquarie PhoneLink funds transfers.

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

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Account/membership number

Account name

If you would like to nominate additional accounts, please complete the Account Nomination Form.

I would like the details above to

replace all account/s previously nominated

be nominated in addition to those previously nominated
(CMT and CMA only)

(If you do not tick a box we will assume that the details above will be in addition to those previously nominated)

6 Annual Report

Would you like to receive a paper copy of your trust's annual report each year? (CMT and GEA only)

Yes

No

An electronic copy is available from www.macquarie.com.au

7 Financial Adviser details

Please complete this section if you have changed your Financial Adviser.

What is the name of your new Financial Adviser?

Mr Mrs Miss Ms Other

First given name/other given name(s)

Surname

What is the name of their Company?

What is the name of their Dealer Group? (if known)

What is their contact number?

8 Third Party Authorities/Stockbroker access

Would you like to cancel a Third Party Authority or Stockbroker access?

No

Yes Please specify

9 Additional changes required (e.g. address for duplicate statement.)

10 Signatures

This form should be signed in accordance with the account operating instructions.

Signature 1

Name (Print here)

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

Signature

Date

Signature 2

Name (Print here)

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

Signature

Date

Office Use	Sig Ver
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