

Macquarie Withdrawal 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).



Use this form to withdraw funds from your Macquarie Cash Account. PLEASE USE BLACK INK.

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: +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: +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 What is your account number?

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 Macquarie Cash XL)

Bank, building society or credit union name

Branch address

Branch (BSB) number

Account/membership number

Payee account name

Optional reference OR Tax Office Reference (EFT Code) (if applicable – maximum 18 characters)
This will appear on the destination account statement.

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

5 Would you like a cheque or bank cheque? (not available for Cash XL)

Payable to:

Amount:

a) **Cheque**

Bank Cheque
 (Please note a fee applies to bank cheques).

	Payable to:	Amount:
1.		\$
2.		\$
3.		\$
4.		\$

How would you like to obtain the cheque?

b) **Collected** I will collect from office on
 after 11.30am after 2.30pm *Please note: for WA clients the collection time is after 1.30pm*

Mailed Post to: Name: Address: Postcode:

6 Special instructions

7 Your signature By completing this form, you accept and agree to be bound by the terms, conditions and indemnities contained in the CMT Product Disclosure Statement, 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 or by contacting us.

Signature of Individual / Director / Secretary / Sole Director

Sole Secretary (Please circle applicable title)

Signature of Individual / Director / Secretary

(Please circle applicable title)

Signature 1 Date: / /

Signature 2 Date: / /

Name

Name

Office use only	Sig. Ver.	Data entered by	Authorised	Date processed	Cheque No.	Work Item No. (WIN)	Doc X	On demand
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