

Macquarie Vision – Change of account details form

Macquarie Investment Management Limited ABN 66 002 867 003 AFSL 237492 RSEL L0001281
Macquarie Superannuation Plan ABN 65 508 799 106 RSE R1004496
Macquarie Bank Limited ABN 46 008 583 542 AFSL 237502 is the issuer of Macquarie Vision Cash (Cash Account)
Macquarie Equities Limited ABN 41 002 574 923 AFSL 237504



MACQUARIE

Use this form to change your Macquarie Vision account details.

PLEASE USE BLACK INK

If your portfolio is attached to a Margin Loan, please forward this completed form to the Margin Lender to authorise this change to your account.

1

Account details

Account number:

Account name:

Please update the following details for all of my accounts (including all cash accounts).

2

Contact details

A. Change of residential address (cannot be a PO Box or care of a third party)

Old address

Street number and name:

Suburb: State Postcode

Country:

New address

Investment clients: By signing this form, you acknowledge that all investment decisions must take place in Australia and declare that if you are going to be overseas for any period of time, you will appoint a Power of Attorney in Australia to consult with your financial adviser to make investment decisions on your behalf.

Street number and name:

Suburb: State Postcode

Country:

B. Residential status

Are you an Australian resident for tax purposes? Yes No

Temporary resident clients (Super and Pension clients only)

Please check this box if you are, or have been, the holder of a temporary resident visa (and are not an Australian citizen, permanent resident, or a New Zealand citizen). From 1 April 2009, the conditions of release under which you can access your benefits.

C. Tax File Number (TFN)

Complete if you haven't already quoted your TFN:

- Collection of TFN is authorised and its use and disclosure is strictly regulated by the tax laws and Privacy Act. Quotation is not compulsory, but may have withholding tax consequences.
- **Macquarie Vision Trading and Macquarie Vision Investment clients:** without your TFN, we may withhold tax at the highest marginal rate plus Medicare Levy and Temporary Budget Repair Levy (until 30 June 2017) where applicable. For joint accounts, withholding tax will be deducted unless at least two accountholders are Australian residents for tax purposes and have provided their TFNs.
- **Superannuation clients:** without your TFN, we may be unable to accept contributions from you or these may be taxed at a higher rate. Also, any benefits you withdraw will be subject to withholding tax at the highest marginal rate plus Medicare Levy and Temporary Budget Repair Levy (until 30 June 2017) where applicable.

Contact details (continued)

D. Change of postal address (if different from above residential address)

Old address

Street number and name or PO Box:

Suburb: State: Postcode:

Country:

New address

Street number and name or PO Box:

Suburb: State: Postcode:

Country:

E. Change of address where contract notes should be sent (Trading/Investment accounts only)

Old email address:

New email address:

E. Change of contact details

Work phone number:

Fax number:

Home phone number:

Mobile phone number:

Email address (where you want to receive general Macquarie Vision service communications including PayAnyone and BPAY® notification emails)

3

Change of name

If you have changed your name and would like to have this updated on your Macquarie account, please complete the below and provide a certified copy of the documentation proving the change in name, for example marriage certificate.

New surname:

New given name(s) if applicable:

New signature:

 Please use your old signature when signing in section 7 – Client signature

4

Bank, building society or credit union details

Bank, building society or credit union name:

Branch number (BSB): - Account number/membership number:

Account name:

Replace all accounts previously nominated Be nominated in addition to those previously nominated

Replace my current bank account for pension payments

5

Appointment of a new adviser

Please note only registered financial advisers can be appointed.

Adviser name:

Adviser code (if known):

Please retain the existing adviser fees loaded on my account and pay these to my new financial adviser. **If you do not check this box or provide client consent via the *Digital Fee* form, your existing adviser fees will cease to be paid.**

6

Please specify any additional changes required

7

Client signature

! You can sign this form electronically via one of our approved electronic signature providers and submit the form via email with any additional documentation required. Please visit Help Centre to view our submission requirements and a list of our approved electronic signature providers.

Signature 1: <input type="text"/>	Signature 2: <input type="text"/>
Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Title: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Title: <input type="text"/>
Name: <input type="text"/>	Name: <input type="text"/>
If a company officer, your corporate title: <input type="text"/>	If a company officer, your corporate title: <input type="text"/>

Please complete and return the form to **Macquarie Vision, GPO Box 4045, Sydney NSW 2001**, or via email to **vision@macquarie.com** or via fax to **1800 025 175**. If you have any queries about completing this form please contact us on **1800 501 562**.

