

At Call/Term Deposit Close/Withdraw from Account



Macquarie Bank Limited ABN 46 008 583 542 AFSL and Australian Credit Licence no. 237502

Please send completed form to Client Administration: Macquarie Bank Limited, GPO Box 1515, Sydney NSW 2001, email business@macquarie.com or fax 1300 302 116. **Please USE BLACK INK when completing this form.**

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Client details

Contact name:

Contact phone number:

Mobile phone number:

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Account details

Account number:

Account name:

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Closure/withdrawal instructions

A. Non-term deposit accounts

Do you want to close an account or make a withdrawal from an existing account?

Close account ► **go to section 4**

Withdrawal from existing account: date of closure/withdrawal ► **go to section 4**

B. Term deposit accounts

Please action this closure/withdrawal request:

at maturity

before maturity*

If you would like us to action this request at a date later than the minimum notice period or if the notice period does not apply to your account please specify the date the request is to be actioned:

* Please note: You will need to provide us with 31 days' notice to access the funds in your term deposit before the maturity date (except in limited hardship related circumstances). This applies to term deposits invested for terms greater than 30 days which are opened or reinvested from 31 October 2014. After 31 days your term deposit will be closed and subject to a reduction in interest. If you have less than 31 days remaining on your term, the earliest you can access your funds is the maturity date.

What to do with the funds:

Withdraw all funds and close my account ► **go to section 4**

Withdraw a portion of my funds only, and treat the remaining balance as follows:

transfer to a non-fixed, at call investment interest rate

re-invest in a new fixed interest term deposit.

Please specify the term in months that you wish the remaining balance to be re-invested: months

Please provide payment details in **section 4**.

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Payment details

Payee name/Account name	CHQ	TFR	BSB (if transfer)	Account number (if transfer)	Amount
1. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

▼

Date cheque required Time cheque required

How do you want to receive the bank cheque? (mark ONE only)

Receive cheque by Express Post ► *please specify address below*

Please post cheque to:

Collect from Macquarie branch, provide details below:

Melbourne Sydney Adelaide Brisbane Perth Western Sydney Newcastle

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Beneficiaries

Beneficiary 1

Full name

TFN/ABN number Is the beneficiary entitled to interest? Yes No

Street number and name:

Suburb/town: State: Postcode:

Beneficiary 2 (if applicable)

Full name

TFN/ABN number Is the beneficiary entitled to interest? Yes No

Street number and name:

Suburb/town: State: Postcode:

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Authority

Closing Strata Plan accounts:
 For accounts held in the name of a body corporate/owners corporation, I/we certify that the body corporate/owners corporation has passed a resolution for the closure of the bank account in accordance with the relevant statutory and regulatory requirements applying to the scheme.

Authorised signatory

Date (DDMMYYYY):

Print name

Authorised signatory

Date (DDMMYYYY):

Print name