

Macquarie Bank Term Deposit Application

Macquarie Bank Limited ABN 46 008 583 542 AFSL No. 237502 is the provider of Macquarie Bank Term Deposits (Term Deposits)



This form was updated in February 2019.

Return this form to us by email to termdeposits@macquarie.com.

Please use black ink and mark boxes with an **X**.

Identification required: All individuals must attach either an FSC/FPA form completed by your licensed Financial Services Professional or a *Macquarie individual identification* form, unless you're an existing active Macquarie account holder who has provided these documents already. For other entities, such as companies, trusts, and associations, the relevant identification form must also be completed and any additional documentation must be provided as outlined in the *Product Information Statement*. These forms can be downloaded from macquarie.com.au/idforms

Before you start, please note:

- providing a mobile number and email address is mandatory for all applications so that we can reach you
- the welcome email and personal Macquarie Online details will be sent to each applicant's email address provided in this application
- provision of a TFN or ABN isn't compulsory, however, if you don't quote your TFN (including both TFNs for joint accounts), ABN or claim an exemption, tax may be withheld from the interest paid to you at the highest marginal tax rate plus Medicare Levy. Declining to quote a TFN is not an offence.

1

What type of account are you applying for?

- Individual, joint or non-corporate trust ► **go to 2** Company, corporate trust or other ► **go to 3**

2

Details of individuals or trustees

Individual 1

Title: Full name(s):

Any other name known by:

! Occupation (MANDATORY): **!** Industry (MANDATORY):

! Date of birth (MANDATORY): / / Mother's maiden name:

Tax File Number (TFN) or reason for exemption:

Are you an Australian resident for tax purposes? No Yes

Are you a resident of another country for tax purposes? No Yes, complete the *Macquarie individual identification* form, authorised advisers complete the *individual FSC/FPA* form, or complete the *tax details* form.

! Residential address (MANDATORY – can't be a PO Box):

Suburb:

State: Postcode: Country:

Home phone number: **!** Mobile number (MANDATORY):

! Email (MANDATORY):

Does Individual 1 have a Macquarie ID for online services?

No, please provide me with a Macquarie ID Yes, Macquarie ID:

Are there any more applicants? No ► **go to 4** Yes ► **go to Individual 2**

Details of individuals or trustees (continued)

Individual 2

Title: Full name(s): Any other name known by: **!** Occupation (MANDATORY): **!** Industry (MANDATORY): **!** Date of birth (MANDATORY): / / Mother's maiden name: Tax File Number (TFN) or reason for exemption: Are you an Australian resident for tax purposes? No YesAre you a resident of another country for tax purposes? No Yes, complete the *Macquarie individual identification* form, authorised advisers complete the *individual FSC/FPA* form, or complete the *tax details* form.**!** Residential address (MANDATORY – can't be a PO Box): Suburb: State: Postcode: Country: Home phone number: **!** Mobile number (MANDATORY): **!** Email (MANDATORY):

Does Individual 2 have a Macquarie ID for online services?

 No, please provide me with a Macquarie ID Yes, Macquarie ID: Are there any more applicants? No ► go to 4 Yes ► go to Individual 3

Individual 3

Title: Full name(s): Any other name known by: **!** Occupation (MANDATORY): **!** Industry (MANDATORY): **!** Date of birth (MANDATORY): / / Mother's maiden name: Tax File Number (TFN) or reason for exemption: Are you an Australian resident for tax purposes? No YesAre you a resident of another country for tax purposes? No Yes, complete the *Macquarie individual identification* form, authorised advisers complete the *individual FSC/FPA* form, or complete the *tax details* form.**!** Residential address (MANDATORY – can't be a PO Box): Suburb: State: Postcode: Country: Home phone number: **!** Mobile number (MANDATORY): **!** Email (MANDATORY):

Does Individual 3 have a Macquarie ID for online services?

 No, please provide me with a Macquarie ID Yes, Macquarie ID: Are there any more applicants? No ► go to 4 Yes ► go to Individual 4

Details of individuals or trustees (continued)

Individual 4

Title: Full name(s):

Any other name known by:

! Occupation (MANDATORY): **!** Industry (MANDATORY):

! Date of birth (MANDATORY): / / Mother's maiden name:

Tax File Number (TFN) or reason for exemption:

Are you an Australian resident for tax purposes? No Yes

Are you a resident of another country for tax purposes? No Yes, complete the *Macquarie individual identification* form, authorised advisers complete the *individual FSC/FPA* form, or complete the *tax details* form.

! Residential address (MANDATORY – can't be a PO Box):

Suburb:

State: Postcode: Country:

Home phone number: **!** Mobile number (MANDATORY):

! Email (MANDATORY):

Does Individual 4 have a Macquarie ID for online services?

No, please provide me with a Macquarie ID Yes, Macquarie ID:

Are there any more applicants? No ► **go to 4** Yes ► **enter details on an additional application form**

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Details of company, association or body

A. Full name of company, association or body:

If the company, association or body has not previously provided the applicable identification form and/or identification documents, you will need to provide these. You can download these forms from macquarie.com.au/idforms

B. **!** What is the nature of the business activity (MANDATORY):

Sole purpose corporate trustee Investment Charity Other, please specify:

C. ABN: **!** ACN (MANDATORY for Company):

D. Tax File Number (TFN) or reason for exemption:

E. Does the company, association or body have an existing Macquarie Bank Term Deposit or Cash Management Account (CMA)?

Yes ► **go to next question** No. Complete the identification form relevant to your company, association or body type. Authorised advisers complete the relevant *FSC/FPA* form or *tax details* form.

F. **!** Registered address for your business (MANDATORY – can't be a PO Box):

Suburb:

State: Postcode: Country:

G. **!** Principal place of office for your business (MANDATORY – can't be a PO Box):

Same as registered address? Yes ► **go to Company officer 1** No ► **please provide below**

Suburb:

State: Postcode: Country:

Details of company, association or body (continued)

Company officer 1 (director, sole director or secretary)

Title: Full given name(s):

Any other name known by:

! Occupation (MANDATORY): **! Industry (MANDATORY):**

! Date of birth (MANDATORY): / / Mother's maiden name:

! Residential address (MANDATORY – can't be a PO Box):

Suburb:

State: Postcode: Country:

Work phone number: Home phone number:

! Mobile number (MANDATORY):

! Email (MANDATORY):

Are you an Australian resident for tax purposes? No Yes

Are you a resident of another country for tax purposes? No Yes, please complete the *Macquarie individual identification* form, authorised advisers complete the *individual FSC/FPA* form, or complete the *tax details* form.

Does this Officer have a Macquarie ID for online services?

No, please provide me with a Macquarie ID Yes, my Macquarie ID is:

Would you like to appoint additional officers? No ► **go to 4** Yes ► **go to Company officer 2**

Company officer 2 (director, sole director or secretary)

Title: Full given name(s):

Any other name known by:

! Occupation (MANDATORY): **! Industry (MANDATORY):**

! Date of birth (MANDATORY): / / Mother's maiden name:

! Residential address (MANDATORY – can't be a PO Box):

Suburb:

State: Postcode: Country:

Work phone number: Home phone number:

! Mobile number (MANDATORY):

! Email (MANDATORY):

Are you an Australian resident for tax purposes? No Yes

Are you a resident of another country for tax purposes? No Yes, please complete the *Macquarie individual identification* form, authorised advisers complete the *individual FSC/FPA* form, or complete the *tax details* form.

Does this officer have a Macquarie ID for online services?

No, please provide me with a Macquarie ID Yes, my Macquarie ID is:

Would you like to appoint additional officers?

No ► **go to 4** Yes ► **please complete a Third Party Authority form available online.**

Details of company, association or body (continued)

! Beneficial owner/controller(s) (MANDATORY)

Please provide the details of the individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings). If there are no individuals who own 25% or more of the company's shareholdings, provide the names of the individuals who directly* or indirectly control the company.

! If there are more beneficial owners/controllers, please provide details on a separate sheet.

Beneficial owner/controller 1

Beneficial owner Beneficial controller
 Same as company officer 1? Yes ► **go to 4**
 No ► **please provide below**

Surname

Full given name(s)

Any other name known by

Date of birth: / /

Residential address (cannot be a PO Box)

Street name and number

Suburb:

State: Postcode:

Are you an Australian resident for tax purposes? No Yes

Are you a resident of another country for tax purposes?
 No Yes, complete the *Macquarie individual identification* form, authorised advisers complete the *individual FSC/FPA* form, or complete the *tax details* form.

Beneficial owner/controller 2

Beneficial owner Beneficial controller
 Same as company officer 2? Yes ► **go to 4**
 No ► **please provide below**

Surname

Full given name(s)

Any other name known by

Date of birth: / /

Residential address (cannot be a PO Box)

Street name and number

Suburb:

State: Postcode:

Are you an Australian resident for tax purposes? No Yes

Are you a resident of another country for tax purposes?
 No Yes, complete the *Macquarie individual identification* form, authorised advisers complete the *individual FSC/FPA* form, or complete the *tax details* form.

* Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official(s) of the company (such as the managing directors who are authorised to sign on the company's behalf).

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Details of the trust

A. Is the applicant a trust (for example a superannuation fund, family trust, deceased estate or minor) **OR** an entity such as an unincorporated business or association? No ► **go to 5** Yes ► **go to next question**

B. Are you applying on behalf of a minor (less than 18 years old)?

No ► **go to next question**

Yes, name of the minor:

! Attach a copy of minor's birth certificate. Please note section 2 must be completed by parent/guardian ► **go to 5**

C. Full name of the trust/entity/trading name:

! If not previously provided you'll need to complete the applicable identification form. You can download this form from macquarie.com.au/idforms. We may need additional documents from you – refer to the Application Guide for details.

D. **! What's the nature of the trust or entity's business activity? (MANDATORY)**

Self-managed Super Fund Investment Charity Other, please specify:

Details of the trust (continued)

E. ABN or reason for exemption:



If the regulated Trust's ABN or Registration Licensing details are not provided, we are unable to finalise your application.

F. Tax File Number (TFN) or reason for exemption:

G. Does the trust have an existing Macquarie Term Deposit or Cash Management Account (CMA)?

Yes ► **go to next question**

No, complete the relevant identification form, authorised advisers complete the relevant FSC/FPA form or *tax details* form.

Beneficial controller(s)

Please provide the names of the individuals who directly* or indirectly control the trust.



If there are more beneficial controllers, please provide details on a separate sheet.

Beneficial controller 1

Surname

Full given name(s)

Any other name known by

Date of birth:

 / /

Residential address (cannot be a PO Box)

Street name and number

Suburb:

State:

Postcode:

Are you an Australian resident for tax purposes? No Yes

Are you a resident of another country for tax purposes?

No Yes, complete the *Macquarie individual identification* form, authorised advisers complete the *Individual FSC/FPA* form, or complete the *Tax details* form.

Beneficial controller 2

Surname

Full given name(s)

Any other name known by

Date of birth:

 / /

Residential address (cannot be a PO Box)

Street name and number

Suburb:

State:

Postcode:

Are you an Australian resident for tax purposes? No Yes

Are you a resident of another country for tax purposes?

No Yes, complete the *Macquarie individual identification* form, authorised advisers complete the *Individual FSC/FPA* form, or complete the *Tax details* form.

* Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official(s) of the company (such as the managing directors who are authorised to sign on the company's behalf).

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Account details

A. **What is the mailing address for this account?** The mailing address will receive cheque books and printed statements, if requested. If this section is not completed all mail will be sent to the residential address of Individual 1 or the principal place of business. Please indicate below.

Individual 1 residential address

Principal place of business

Other (details below)

Street name and number or PO Box:

Suburb:

State:

Postcode:

Country:

B. **How much is your deposit amount (minimum \$5,000)? (MANDATORY)** \$

For deposits over \$1 million rates may vary. Please call us on 1800 005 056 for more information (or 1300 739 980 if you're an adviser). All deposits must be completed by direct debit.

Account details (continued)

- C. **! For what term would you like to invest your funds? (MANDATORY)**
 1 month 2 months 3 months 4 months 6 months 9 months
 1 year 2 years 3 years 4 years 5 years
- D. Please select an interest frequency: At maturity Monthly Quarterly Half-yearly Annually
If no response is provided, interest will be paid at maturity for terms under 1 year and annually for longer terms. Where interest payments are more frequent than at maturity or annually (for terms greater than 1 year), rates may differ.
- E. What would you like to do with the interest paid on your Term Deposit?
 Reinvest to the Term Deposit Electronically credit the Nominated Bank Account below in section H
If no response is provided, interest will automatically be reinvested to the Term Deposit.
- F. **! What is the source of funds for this account? (MANDATORY)**
 Superannuation contributions Commission Inheritance Savings Investment
 Normal course of business Asset sale Other, please specify:
- G. **! What is the purpose of this account? (MANDATORY)**
 Savings Growth Income Retirement Business account
 Other, please specify:
- H. **! Bank account details (MANDATORY)**
 Please provide the details of the account to be debited for your initial deposit. This is also the account which funds will be returned to upon closure of your account. All withdrawals must be debited from an account in the same name as the Term Deposit or At-Call Account.
 BSB: Account number:
 Account name:
- I. Please advise whether you authorise the payment of a distribution fee in relation to your Term Deposit. Where you authorise us to make these distribution payments to your nominated financial services company for the amount selected below (amounts quoted are inclusive of GST), you acknowledge that:
- the interest rate applied to your deposit will be reduced by the selected percentage amount, and
 - if and when this term deposit is rolled over at maturity, this instruction will continue to apply unless you specifically advise us to cease or amend this payment. Unless you break your term deposit, you cannot cease or amend this payment.
- We won't make these payments in certain circumstances, including where there's a legal impediment or prohibition on us making such payments. If no amount is selected this will be set to 0%.*
- 0.00% 0.05% 0.10% 0.15% 0.20% 0.25%

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Nominating a Financial Services Professional

Please indicate below how you wish this account to be set up. Please note if no response is provided, option 1 will be applied to your account.

- Option 1:** I do not wish to nominate a primary Financial Services Professional.
- Option 2:** I would like to replicate the primary Financial Services Professional on my nominated CMA.
- Option 3:** I wish to nominate a new primary Financial Services Professional on the account. **Please ensure your Financial Service Professional completes the details below.**

! By selecting Options 2 or 3 you acknowledge that you authorise the third party to have access to information about your account. You can revoke this authority at any time by contacting us.

The representative nominated below will be appointed as the primary Financial Services Professional on the account and will have Enquiry Authority on the account.

Company name: Company code (if known):
 Representative name: Representative code (if known):

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Applicant declaration

This application must contain an original signature – digitally applied signatures will not be accepted.

Please read the *Product Information Statement* before signing and returning this original application form.

I/We acknowledge that I/we have read and understood the *Macquarie Bank Term Deposit Product Information Statement* and agree to be bound by the terms and conditions set out in the *Further information* booklet which forms part of the *Product Information Statement*.

I/We acknowledge and agree that:

- this application form was obtained and signed while in Australia, and
- if I/we do not provide Macquarie Bank Limited (MBL) with information as requested, or there is a delay in providing MBL with this information, MBL may not be able to open my/our account, and
- MBL is not liable for any loss incurred by me/us as a result of any action of MBL which either delays an account being opened or results in an application being declined, when these actions are necessary for MBL to comply with its obligations under AML/CTF Laws and/or its internal policies and procedures, and
- by signing this application, I/we also declare that all information (including tax residency information) that I/we have provided to Macquarie or to my/our financial services professional in relation to this application (whether on this form or by other means) is true and correct, and that I/we confirm that I/we will promptly provide Macquarie with details of any changes to the information provided by me/us from time to time. On request, I/we will also provide

Macquarie with any further information it requires to comply with applicable laws and its internal policies, including AML/CTF Laws

- by signing below I/we am/are bound by the Privacy Statement which describes the handling of my personal information, including direct marketing, and
- I/we can change my/our marketing preferences by telephoning Macquarie on **1800 806 310** or visiting **macquarie.com.au/optout-bfs**
- I/we authorise the applicable Financial Services Professional to have Financial Services Professional Access to this account and accept and agree to be bound by the terms and conditions relating to the *Financial Services Professional Access* section contained in the *Further information* booklet
- I/we authorise and request any of the Macquarie Group companies listed in the direct debit agreement to direct debit the amount specified in section 5 from my Nominated Bank account specified in section 5 through the Bulk Electronic Clearing System, and
- I/we accept and agree to be bound by the terms and conditions contained in the direct debit agreement relating to the provision of the direct debit service contained in the *Further information* booklet.

I acknowledge and agree that deposits in the Macquarie Bank Term Deposit cannot be withdrawn prior to the agreed maturity date without the provision of 31 days' notice, except in cases of hardship.

I/We agree to the terms of the applicant declaration above.

Signature of individual 1 or company officer 1

Date: / / Title:

Name:

Signature of individual 3

Date: / / Title:

Name:

Signature of individual 2 or company officer 2

Date: / / Title:

Name:

Signature of individual 4

Date: / / Title:

Name: