

## APPLICATION FORM

CMA Bank:

BSB / CMA Number:

Adviser Code:

Adviser Name:

Adviser Firm:

### What You Need to Complete the Application

#### For Personal Accounts:

- \* Personal details including date of birth, occupation and residential address.
- \* Tax File Number or Exemption Code (optional).
- \* Certified Identification documents including Medicare Card, Australian Drivers Licence, Passport or Australian Birth Certificate.

#### For Business Accounts including Trusts and SMSFs:

- \* Australian Business/Company Number (ABN/ACN) and Tax File Number (TFN).
- \* Registered business address and contact information.
- \* Details of all directors, partners, trustees and 25% or more beneficial owners (depending on the business type).
- \* Identification documents including Company Statements and Trust Deeds or Association records.

#### For all Accounts:

- \* Choice of hub account provider and whether you wish Australian Money Market (AMM) to open a new account, or link to an existing account already opened.
- \* Before starting the online application, you must read the Australian Money Market Terms and Conditions.

### Entity Type

- Individual** - including joint accounts.
- Superannuation Fund** - a registered Self Managed Super Fund with either a corporate or individual trustees.
- Trust** - including family trusts, estates, unit trusts, discretionary trusts and testamentary trusts.
- Company** - a registered company or a sole director company with an ACN.
- Incorporated Association/Non-profit** - an association that does not operate to make a profit eg. charity/sports club.
- Sole Trader** - an individual conducting business under a separate entity with an ABN.
- Formal Partnership** - two or more people carrying on business together. Partnerships are not registered under the Corporations Act but have a deed or agreement.
- Government Body**

### Account Details

Account Name

Account Designation

Source of Funds

## APPLICATION FORM CONTINUED...

### Individual Details

#### Applicant 1

Title				Mobile	
Given Name(s)				TFN	
Surname				Exemption Reason	
Residential Address				Position	
Suburb/City	State		Postcode	Occupation	
Date of Birth				Nationality	
Email					

#### Applicant 2

Title				Mobile	
Given Name(s)				TFN	
Surname				Exemption Reason	
Residential Address				Position	
Suburb/City	State		Postcode	Occupation	
Date of Birth				Nationality	
Email					

#### Applicant 3

Title				Mobile	
Given Name(s)				TFN	
Surname				Exemption Reason	
Residential Address				Position	
Suburb/City	State		Postcode	Occupation	
Date of Birth				Nationality	
Email					

#### Applicant 4

Title				Mobile	
Given Name(s)				TFN	
Surname				Exemption Reason	
Residential Address				Position	
Suburb/City	State		Postcode	Occupation	
Date of Birth				Nationality	
Email					

## APPLICATION FORM CONTINUED...

### Company Details

Company Name				ACN	
Type (Private/Public)				ABN	
Address (No PO Boxes)				TFN	
Suburb/City	State		Postcode	Nature of Business	

### Company Details - Beneficial Owners

For the above Company, please provide details of all ultimate owners/holders of more than 25% of the company's issued capital. Ultimate owners/holders means the individual(s) who ultimately, directly or indirectly, own(s) or have control, through one or more shareholdings, of more than 25% of the shares or voting rights.

**Beneficial Owner 1**  Same as Applicant 1 above      Percentage Held  %

Title		Date Of Birth			
Given Name(s)		Residential Address			
Surname		Suburb/City	State		Postcode

**Beneficial Owner 2**  Same as Applicant 2 above      Percentage Held  %

Title		Date Of Birth			
Given Name(s)		Residential Address			
Surname		Suburb/City	State		Postcode

**Beneficial Owner 3**  Same as Applicant 3 above      Percentage Held  %

Title		Date Of Birth			
Given Name(s)		Residential Address			
Surname		Suburb/City	State		Postcode

**Beneficial Owner 4**  Same as Applicant 4 above      Percentage Held  %

Title		Date Of Birth			
Given Name(s)		Residential Address			
Surname		Suburb/City	State		Postcode

## APPLICATION FORM CONTINUED...

### Trust/Super Fund Details

Trust Name						
Trust Type				ABN		
Address (No PO Boxes)				TFN		
Suburb/City	State		Postcode	Nature of Business		

### Trust/Super Fund - Beneficial Owners

For the above Trust please provide details of all named beneficiaries and classes of beneficiaries. An example of a Class of Beneficiary is 'all children of John Smith'.

**Beneficial Owner 1**  Same as Applicant 1 above

Title				Date Of Birth		
Given Name(s)				Residential Address		
Surname	State		Postcode			

**Beneficial Owner 2**  Same as Applicant 2 above

Title				Date Of Birth		
Given Name(s)				Residential Address		
Surname	State		Postcode			

**Beneficial Owner 3**  Same as Applicant 3 above

Title				Date Of Birth		
Given Name(s)				Residential Address		
Surname	State		Postcode			

**Beneficial Owner 4**  Same as Applicant 4 above

Title				Date Of Birth		
Given Name(s)				Residential Address		
Surname	State		Postcode			

Class of Beneficiary						
Class of Beneficiary						
Class of Beneficiary						
Class of Beneficiary						

## APPLICATION FORM CONTINUED...

### Postal Address

Firm (if applicable)						
Address						
Suburb/City	State		Postcode		Country	

### Contact Details

Name			
Phone		Mobile	
Email			

### Linked Bank Account Details – DIRECT CREDITS ONLY

If you only wish to allow for direct credits into your external account(s), please list these below.

	Option 1	Option 2	Option 3
Financial Institution Name			
BSB			
Account Number			

### Adviser Authority and Signature(s)

If you would like to give access to your Australian Money Market (AMM) account to your financial adviser or stockbroker so that they can give instructions on your behalf, please arrange for them to sign below. This access only allows your financial adviser or stockbroker to transfer funds between accounts in your own name.

I declare that I have obtained the identification records of the below Applicant(s) and carried out the appropriate verification procedures in accordance with the IFSA/FPA Industry Guidance Note and am reasonably satisfied as to the identity of the Applicant. Copies of the identification will be provided as part of this application.

Signature/s			
Name of Firm		Date	

When you give access to your financial adviser or stockbroker, and that financial adviser or stockbroker is a company or firm, you agree that we may accept instructions from any relevant authorised officer of the financial adviser or stockbroker noted with AMM.

## APPLICATION FORM CONTINUED...

### Authority to Act

I/We, the undersigned, do hereby grant a limited power of attorney to Australian Moneymarket Pty Ltd to have full power and authority to undertake and perform the following on my/our behalf:

- i. apply for, open and operate new bank accounts with any chosen financial institution, or any other investments;
- ii. authorise for direct debit payments to be acted upon by any chosen institution in order to transfer funds in relation to new or existing bank accounts;
- iii. instruct in relation to rollovers, maturities, transfer requests of existing investments;
- iv. advise of changes to my/our contact details as advised from time to time;
- v. notify my/our TFN(s) or Exemption(s) in respect of any existing investment(s) and or new purchase(s) made on my/our behalf.
- vi. authorise AMM, and any chosen institution, to do any tasks reasonably incidental to the tasks described in paragraphs i to v above.

I/We understand that AMM will provide me/us with a copy of the relevant Terms and Conditions relating to any account which AMM proposes to open in my/our name prior to the account being opened. I/We am aware that I/we must read and understand those Terms and Conditions and contact AMM if I/we do not agree to be bound by them.

This authority is given only to act as per instructions given by me/us via the AMM website or by any other means of documented instruction, or received by my/our adviser listed above (if applicable).

Australian Moneymarket Pty Ltd agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as he in his discretion deems advisable. This power of attorney may be revoked by me/us in writing at any time, provided any person relying on this power of attorney shall have full rights to regard it as current and in force.

### Signatures

I/We declare that the information provided in this document is true and correct and that I/we are authorised to sign this document on behalf of the account holder.

By signing this form, each Authorised Signatory acknowledges they have received, read and understood the Terms and Conditions of Australian Moneymarket Pty Ltd and agree to be bound by them. By using the Site, each Authorised Signatory grants AMM consent to collect, store, use and disclose any personal information you may give us in accordance with the AMM Privacy Policy. A copy of AMM's Terms and Conditions and Privacy Policy are available on our website [www.moneymarket.com.au](http://www.moneymarket.com.au).

I/We agree that when more than one signatory exists, future account operating instructions will be accepted by any one parties' signature.

#### 1st Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

If signing as a sole director and sole secretary, please check this box

Are you a US resident for tax purposes or a US citizen? Yes  No  (please tick appropriate box)

#### 2nd Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

Are you a US resident for tax purposes or a US citizen? Yes  No  (please tick appropriate box)

#### 3rd Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

Are you a US resident for tax purposes or a US citizen? Yes  No  (please tick appropriate box)

#### 4th Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

Are you a US resident for tax purposes or a US citizen? Yes  No  (please tick appropriate box)

## DIRECT DEBIT ACCOUNT LINKING FORM

Account Name

I/We request and authorise Australian Moneymarket Pty Ltd ABN 56 126 032 755 to arrange for any instructed amount to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below for credit of any of my listed cash management accounts with Australian Moneymarket Pty Ltd (AMM), subject to the Terms and Conditions listed below and the Terms and Conditions of the debiting institution.

I/We request and authorise Australian Moneymarket Pty Ltd to draw the following initial investment amount from my/our account as nominated below. Furthermore, I/we authorise Australian Moneymarket Pty Ltd to draw any subsequent amount as requested through my login with [www.moneymarket.com.au](http://www.moneymarket.com.au) or otherwise instructed.

I/We also request and authorise Australian Moneymarket Pty Ltd to arrange for any instructed amount to be credited to the below account/s.

	Option 1	Option 2	Option 3
Financial Institution Name			
BSB			
Account Number			
Initial Amount (\$)			

### Terms and Conditions

- Australian Moneymarket Pty Ltd ABN 56 126 032 755 will initiate direct debit payments in the manner instructed by you or where you give access to your adviser or stockbroker and that financial adviser or stockbroker is a company or firm, you agree that we may receive instructions from any relevant authorised officer of the financial adviser or stockbroker noted with AMM.
- Debit payments will be made when due. Please note we will not issue individual confirmation of payments made. Where a due date is not a business day, the payment will be made in accordance with the Terms and Conditions of the underlying cash management account.
- Direct debiting is not available on the full range of accounts at all financial institutions. If in doubt, you should check with the financial institution before completing the Direct Debit Account Linking Form.
- You should ensure that the account details given on the form are correct by checking them against a recent statement from the financial institution at which the account is held.
- By signing this Direct Debit Account Linking Form, you warrant and represent that you are duly authorised to request the debiting of payments from the account described on the form.
- It is your responsibility to have sufficient cleared funds available in the account to be debited to enable debit payments to be made in accordance with this Direct Debit Account Linking Form or subsequent instruction.
- If a debit payment is returned unpaid, the debiting institution may charge a fee for each unpaid item.
- Except where the account or underlying product Terms and Conditions permit disclosure, and except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required or permitted by law, we will keep details of the client's account and debit payments confidential.
- I/We understand to allow 3 working days for the funds to be cleared when received in the AMM cash management account prior to them being available for investment at another institution.

### Acknowledgement and Signatures

By signing this form you acknowledge having read the Terms and Conditions governing the Direct Debit arrangements between you and Australian Moneymarket Pty Ltd.

#### 1st Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

#### 2nd Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

#### 3rd Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

#### 4th Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

# Macquarie Cash Solutions Third Party Authority

Macquarie Bank Limited ABN 66 008 583 542 is the provider of Macquarie Cash Management Account (CMA) and Macquarie Cash XL (Cash XL)



Use this form to authorise someone else to operate your account on your behalf and specify the level of authority you wish to give them.

Please see **section 7** to learn more about authority levels. Please use black ink and mark boxes  with an (X).

Please return this form by mail to **Reply Paid 85744 Sydney NSW 2001**, by email to [transact@macquarie.com](mailto:transact@macquarie.com), by fax to **1800 550 140** or for overseas clients fax to **+61 7 3233 5499**.

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## Your Macquarie account details

Account number:

Account name:

To authorise an Individual ► **go to section 2**. To authorise a Financial Services Professional ► **go to section 3**. To authorise a company or other third party firm ► **go to section 4**

Please ensure account holders sign **section 6**. If not already supplied, Individuals will need to provide their identification. Further information is available at [macquarie.com.au/idforms](http://macquarie.com.au/idforms)

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## Appointment of an Individual

### First Individual

**What level of Authority are you appointing?** If you are unsure of the type of authority, please refer to section 6.

Authorised Signatory ► **go to next question**  Enquiry Authority ► **go to First Individual – details and declaration section (below)**

**What are the operating instructions for the first Individual appointed?** Current account operating instructions will not be altered.

Any one Authorised Signatory to sign  All Authorised Signatories to sign  Other, specify:

**First Individual – details and declaration** (this section is to be completed by the first Individual appointed)

Title:  Full name(s):

Any other name known by:  Date of birth:

Residential address (cannot be a post office box)

Street name and number:

Suburb:

State:  Postcode:  Country:

Occupation:  Mother's maiden name:

Macquarie Access Code (if known):

If you do not have a Macquarie Access Code, we will generate one and send it to the residential address provided.

Phone number:  Email address:

By completing this form, you accept and agree to be bound by the terms and conditions contained in the offer document. If you do not already have a copy of the offer document you can obtain it from [macquarie.com.au/personal](http://macquarie.com.au/personal) or by contacting us.

Signature:  Date:



## Appointment of an Individual (continued)

### Second Individual

**What level of Authority are you appointing?** If you are unsure of the type of authority, please refer to section 6.

Authorised Signatory ▶ **go to next question**  Enquiry Authority ▶ **go to Second Individual – details and declaration section (below)**

**What are the operating instructions for the second Individual appointed?** Current account operating instructions will not be altered.

Any one Authorised Signatory to sign  All Authorised Signatories to sign  Other, specify:

**Second Individual – details and declaration** (this section is to be completed by the second Individual appointed)

Title:  Full name(s):

Any other name known by:  Date of birth:

**Residential address (cannot be a post office box)**

Street name and number:

Suburb:

State:  Postcode:  Country:

Occupation:  Mother's maiden name:

Macquarie Access Code (if known):

*If you do not have a Macquarie Access Code, we will generate one and send it to the address provided.*

Phone number:  Email address:

By completing this form, you accept and agree to be bound by the terms and conditions contained in the offer document. If you do not already have a copy of the offer document you can obtain it from [macquarie.com.au/personal](http://macquarie.com.au/personal) or by contacting us.

Signature:  Date:

### 3

## Appointment of a Financial Services Professional

You can use this section to appoint a Financial Services Professional (for example a financial adviser or accountant) to have access to your account.

Full name(s):

Company:

Company Code (if known):  Representative Code (if known):

**Would you like to update your details to add/replace the above Financial Services Professional on your account replacing the current primary Financial Services Professional (if applicable)?**

Yes  No Existing authorities will remain on your account if this section is not completed.

**What level of authority are you appointing?**

Authorised Signatory Authority\*  Government/Tax Payment Authority (Macquarie CMA only)  Enquiry Authority

Macquarie Access Code (if known):

*If your Financial Services Professional does not have a Macquarie Access Code, they will need to complete the Macquarie Registration – Representative form.*

## Appointment of a Financial Services Professional (continued)

**Financial Services Professional declaration: This must be signed by the Financial Services Professional noted section 3.** By completing this form, you accept and agree to be bound by the terms and conditions contained in the offer document. If you do not already have a copy of the offer document you can obtain it from [macquarie.com.au/personal](http://macquarie.com.au/personal) or by contacting us.

Signature: Date: 

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## Appointment of a Financial Services Company

You can use this section to appoint a company or other third party firm (eg a financial advisory firm, stockbroking firm, accounting firm or administrator) to have access to your account.

Company name: Company Code/Bulk Transacting Code (if known): 

What level of authority are you appointing?  Authorised Signatory Authority\*  General Withdrawal Authority (Macquarie CMA only)  Government/Tax Payment Authority (Macquarie CMA only)  Fee Authority (Macquarie CMA only)  Enquiry Authority

\* If you selected Authorised Signatory authority in question 3 or 4, additional identification may be required. A Financial Services Company must be registered with Macquarie as an authorised signatory before it can be loaded to the account.

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

 No  Yes, please specify: 

Existing authorities will remain on your account if this section is not completed.

6

## Declaration and signature of account holders

For personal accounts, all account holders must sign. For company accounts two directors, a director and a secretary, or a sole director must sign. Please note that the directors/secretary who sign must be existing account signatories.

**This form must contain an original signature(s) – digitally inserted signatures will not be accepted.**

I/we:

- accept and agree to be bound by the terms and conditions in the applicable offer document and in section 7 of this form, that relate to the appointment of third party authorities, and
- authorise the Individual(s) whose signature(s) appear in section 2, or the financial specialist/company/dealer group whose name appears in section 3 and/or 4 (appointee), which includes the Individual signatories appointed by the company/dealer group, to operate my/our account, and
- acknowledge that, even if I/we do not make use of Macquarie's various electronic and telephone services, the appointee(s) may be able to make use of those services in operating my/our account on my/our behalf.

Signature 1: Date: Title: Name: If a company officer, your corporate title: Signature 2: Date: Title: Name: If a company officer, your corporate title:

## 7 Terms and conditions

### General terms which apply to all levels of authority

- 7.1 Only you may appoint a third party to access or withdraw from your Account.
- 7.2 If you appoint a third party to withdraw from your Account they will automatically be able to enquire on your Account also.
- 7.3 Withdrawals may be for any amount and may be made at varying intervals of time.
- 7.4 You:
  - a) indemnify us against all loss, liabilities and costs incurred directly or indirectly as a result of the appointment of a third party
  - b) indemnify us against all loss, liabilities and costs incurred directly or indirectly in connection with any action by a third party under their appointment or any payment made from your account on their instruction
  - c) release us from all claims and liabilities in connection with any act or omission relating to the appointment of a third party to your Account, and
  - d) release us from all claims and liabilities in connection with any action by a third party under their appointment or any payment made from your account on their instruction.
- 7.5 However, we remain liable for any loss or liability which, by operation of law we cannot exclude.
- 7.6 This authority takes effect on the date that we amend our records to note the appointment and continues until you cancel it by telling us in writing. Cancellation also takes effect on the date that we amend our records to note the change.
- 7.7 We may cancel the appointment of a third party as an authority on your account by telling you in writing.
- 7.8 In the event of the death of an account holder, the authority given under this form will automatically terminate.
- 7.9 Third parties may not set up Direct Debits on your Account or give other third parties access or authority on your Account.
- 7.10 Where you give authority to a company or firm such as your stockbroking or financial advisory firm:
  - a) the company or firm will give us details of people who can transact on its behalf
  - b) you acknowledge and agree that the company or firm may do this and that the people nominated by the company or firm can withdraw from your Account in accordance with the authority you have given it
  - c) we will only act on requests from the company or firm, if the person requesting the withdrawal has been nominated by it in accordance with our procedures
  - d) the company or firm must tell us in writing if any nominated person no longer has authority. If we have not been advised in writing that the person no longer has authority, then that person may still operate your account and you cannot claim that he or she is not acting for you until we are told by the company or firm in writing.

### Terms relating to each of the levels of authority

- 7.11 You agree to terms and conditions for Macquarie Online as set out in the applicable offer document available from [macquarie.com.au/personal](http://macquarie.com.au/personal) or by calling us on 1800 806 310.
- 7.12 **Enquiry Authority**
  - (a) You authorise the third party to have access to information about your account
  - (b) You do not authorise the third party to make withdrawals from your account, make any changes to your account details, close your account or enable use of your cheque book.
- 7.13 **Fee Authority**

You authorise your stockbroker or adviser, should you have one, to withdraw their fees from your account using online, electronic and telephone withdrawal services or any other method agreed in writing by us.
- 7.14 **Government/Tax Payment Authority**

You authorise the third party to withdraw funds from your account to make payments on your behalf directly to government departments or agencies, using online and electronic services or any other method agreed in writing by us.
- 7.15 **General Withdrawal Authority**
  - (a) You authorise the third party to withdraw fees in accordance with the "Fee Authority" above
  - (b) In addition, you authorise the third party to make payments and withdrawals for any purpose including settlement or investment using online, electronic and telephone withdrawal services or any other method agreed in writing by us
  - (c) You do not authorise the third party to make any changes to your account details, close your account or enable use of your cheque book, should you have one
  - (d) Your stockbroker or adviser reserves the right to hold funds from the time the order is placed or the time of execution to settle trades.
- 7.16 **Authorised Signatory Authority**
  - (a) You authorise the third party to make payments and withdrawals in accordance with the terms set out under "General Withdrawal Authority" above
  - (b) In addition, this authority allows the third party to use your cheque book, should you have one, change details on your account (subject to clause 7.9) and close your account.

For more information about Macquarie Cash Solutions call us on **1800 806 310** or **+61 7 3233 8136** from overseas. You can also visit us at [macquarie.com.au/personal](http://macquarie.com.au/personal) or email us at [transact@macquarie.com](mailto:transact@macquarie.com). Visit [macquarie.com.au/personal/contact](http://macquarie.com.au/personal/contact) for office locations in Sydney, Melbourne, Brisbane, Perth, and Adelaide.