

# Macquarie Wrap 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 the Macquarie Cash Management Account (CMA) and Macquarie Consolidator Cash Account (Cash Account)



Use this form to change your Macquarie Wrap 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.

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## Account details

Account number:

Account name:

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

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## Contact details

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



If you wish to change the address where your trade confirmations are sent, please also complete section F below.

#### 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 may be restricted. Please refer to your adviser or us for further information on temporary residents' conditions of release.

### C. Tax File Number (TFN)

Complete if you haven't already quoted your TFN:

• **Investment Manager, Investment Consolidator, and Investment Accumulator clients:** without your TFN, we may withhold tax at the highest marginal rate plus Medicare Levy where applicable. For joint accounts, withholding tax will be deducted unless all account-holders 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 where applicable.

## Contact details (continued)

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

New address

Street number and name or PO Box:

Suburb:

State:

Postcode:

Country:

### 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 Wrap service communications including PayAnyone and BPAY® notification emails)

### F. Change of details where trade confirmations should be sent (Investment Manager/Consolidator only)

Please note you can only select either an email address or a postal address. If both are completed, we will use the email address only.

Email address (where you want to receive trade confirmations)

OR

Mailing address

Street number and name or PO Box:

Suburb:

State:

Postcode:

Country:

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## 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 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

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## Broker details

Please cross here if you would like your adviser to buy and sell securities via the Authorised Broker.

## Add a new broker

Broker name:  Broker code:

Broker name:  Broker code:

Broker name:  Broker code:

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## 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

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## Please specify any additional changes required

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## Client signature

Signature 1:  Signature 2:

Date:  /  /  Title:  Date:  /  /  Title:

Name:  Name:

If a company officer, your corporate title:  If a company officer, your corporate title:

Please complete and return the form to **Macquarie Wrap, GPO Box 4045, Sydney NSW 2001**, or via email to **wrapsolutions@macquarie.com** or via fax to **1800 025 175**. If you have any queries about completing this form please contact us on **1800 025 063**.

