

Macquarie Cash Management Trust Application

Macquarie Investment Management Limited ABN 66 002 867 003 AFSL No. 237492 ARSN No. 130 471 920

Refer to the application guide for help with how to complete this application form.

Do not use this form unless it is attached to the Product Disclosure Statement (PDS) dated 19 September 2008.

Please use black ink and mark boxes like this with an (X).



ADVISER USE ONLY

Account number (if generated online or over the phone)

- 1** Which account type applies to this application?
Individual, joint or non-corporate trust. Go to 2
Refer to the application guide for details.
Company, corporate trust or other. Go to 3
- 2** Details of individuals or trustees — *if more than 4, enter the details on a second form*

Individual 1

Mr Mrs Miss Ms Other

First given name Other given name(s)

Surname

Any other name known by (if applicable)
Required under the AML/CTF Act 2006

Date of birth Required under the AML/CTF Act 2006
 / /

Occupation Required under the AML/CTF Act 2006

Does individual 1 have a tax file number (TFN)?
No Reason for exemption
Yes TFN

Is individual 1 a foreign resident for tax purposes?
No
Yes Country of residence

Residential address for individual 1 Required under the AML/CTF Act 2006
Street name and number
Suburb/town
State Postcode Country

Individual 1 (continued)

Work phone number Home phone number

Fax number Mobile phone number

Email address

Does individual 1 have a Macquarie Access Code for online services?
No We will provide you with one which will grant you access to transact@macquarie and Macquarie PhoneLink
Yes Macquarie Access Code

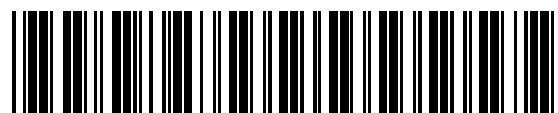
Would individual 1 like to use PayAnyone on this account?
Refer to page 15 of the PDS for additional information on the PayAnyone service. If you do not tick/cross a box we will assume you do not wish to use this service.
No
Yes

We will confirm online PayAnyone transactions (if you selected yes to use this service above) and Bpay transactions via email.
 Please use my email address given above
 Please use another email address:

Were you a Macquarie Cash Management Trust (CMT) unit holder on 12 December 2007 and is your account still open?
Yes
No

All individuals must complete the applicable IFSA/FPA form if you were **not** CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole traders form is available in the back of this PDS. All other forms can be downloaded from www.macquarie.com.au/idforms

Is there more than one applicant?
No Go to 10
Yes Go to individual 2



Individual 2Mr Mrs Miss Ms Other

First given name

Other given name(s)

Surname

Any other name known by (if applicable)

Required under the AML/CTF Act 2006Date of birth Required under the AML/CTF Act 2006Occupation Required under the AML/CTF Act 2006

Does individual 2 have a tax file number (TFN)?

No Reason for exemptionYes TFN

Is individual 2 a foreign resident for tax purposes?

No Yes Country of residence*Residential address for individual 2* Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

Work phone number

Home phone number

Fax number

Mobile phone number

Email address

Does individual 2 have a Macquarie Access Code for online services?

No We will provide you with one which will grant you access to transact@macquarie.com and Macquarie PhoneLinkYes Macquarie Access Code*Individual 2 (continued)*

Would individual 2 like to use PayAnyone on this account? Refer to page 15 of the PDS for additional information on the PayAnyone service. If you do not tick/cross a box we will assume you do not wish to use this service.

No Yes

We will confirm online PayAnyone transactions (if you selected yes to use this service above) and Bpay transactions via email.

 Please use my email address given above Please use another email address:

Were you a Macquarie Cash Management Trust (CMT) unit holder on 12 December 2007 and is your account still open?

Yes No 

All individuals must complete the applicable IFSA/FPA form if you were **not** CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole traders form is available in the back of this PDS. All other forms can be downloaded from www.macquarie.com.au/idforms

Are there more than two applicants?

No **Go to 10**Yes **Go to individual 3****Individual 3**Mr Mrs Miss Ms Other

First given name

Other given name(s)

Surname

Any other name known by (if applicable)

Required under the AML/CTF Act 2006Date of birth Required under the AML/CTF Act 2006Occupation Required under the AML/CTF Act 2006

Does individual 3 have a tax file number (TFN)?

No Reason for exemptionYes TFN

Is individual 3 a foreign resident for tax purposes?

No Yes Country of residence

Residential address for individual 3 Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

Work phone number

Home phone number

Fax number

Mobile phone number

Email address

Does individual 3 have a Macquarie Access Code for online services?

No We will provide you with one which will grant you access to transact@macquarie and Macquarie PhoneLink

Yes Macquarie Access Code

Would individual 3 like to use PayAnyone on this account? Refer to page 15 of the PDS for additional information on the PayAnyone service. If you do not tick/cross a box we will assume you do not wish to use this service.

No

Yes

We will confirm online PayAnyone transactions (if you selected yes to use this service above) and Bpay transactions via email.

Please use my email address given above

Please use another email address:

Were you a Macquarie Cash Management Trust (CMT) unit holder on 12 December 2007 and is your account still open?

Yes

No



All individuals must complete the applicable IFSA/FPA form if you were **not** CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole traders form is available in the back of this PDS. All other forms can be downloaded from www.macquarie.com.au/idforms

Are there more than three applicants?

No Go to 10

Yes Go to individual 4

Individual 4

Mr Mrs Miss Ms Other

First given name

Other given name(s)

Surname

Any other name known by (if applicable)

Required under the AML/CTF Act 2006

Date of birth Required under the AML/CTF Act 2006

Occupation Required under the AML/CTF Act 2006

Does individual 4 have a tax file number (TFN)?

No Reason for exemption

Yes TFN

Is individual 4 a foreign resident for tax purposes?

No

Yes Country of residence

Residential address for individual 4 Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

Work phone number

Home phone number

Fax number

Mobile phone number

Email address

Does individual 4 have a Macquarie Access Code for online services?

No We will provide you with one which will grant you access to transact@macquarie and Macquarie PhoneLink

Yes Macquarie Access Code

Individual 4 (continued)

Would individual 4 like to use PayAnyone on this account? Refer to page 15 of the PDS for additional information on the PayAnyone service. If you do not tick/cross a box we will assume you do not wish to use this service.

No Yes

We will confirm online PayAnyone transactions (if you selected yes to use this service above) and Bpay transactions via email.

Please use my email address given above

Please use another email address:

Were you a Macquarie Cash Management Trust (CMT) unit holder on 12 December 2007 and is your account still open?

Yes

No



All individuals must complete the applicable IFSA/FPA form if you were not CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole traders form is available in the back of this PDS. All other forms can be downloaded from www.macquarie.com.au/idforms

You do not need to answer questions 3 to 9. Go to 10

3 Name of company, association or body



- If the organisation was not a CMT client on 12 December 2007 (or if the account has since closed), and has not previously provided the applicable IFSA/FPA form, you will need to complete it. You can download this form from www.macquarie.com.au/idforms
- Please attach a copy of the certificate of registration – see the application guide for details.

4 What is the nature of the business activity?

Required under the AML/CTF Act 2006

5 Does the organisation have an ABN/ACN?

No Reason for exemption

Yes ABN/ACN

6 Does the organisation have a tax file number (TFN)?

No Reason for exemption

Yes TFN

7 Is the organisation a foreign entity for tax purposes?

No Go to next question

Yes Country of residence

8 Principal place of office for your account. This cannot be a PO Box.

Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

9 Provide the name(s) of the Sole Director/2 Directors or a Director and Secretary or Office Holder(s)

Sole Director/Director/Secretary/Office Holder 1

Mr Mrs Miss Ms Other

First given name

Other given name(s)

Surname

Any other name known by (if applicable)

Required under the AML/CTF Act 2006

Date of birth Required under the AML/CTF Act 2006

Occupation Required under the AML/CTF Act 2006

Residential address for Sole Director/Director/Secretary/Office Holder 1 Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State

Postcode

Country

Work phone number

Home phone number

Fax number

Mobile phone number

Email address

Does this officer have a Macquarie Access Code for online services?

No we will provide you with one which will grant you access to transact@macquarie and Macquarie PhoneLink

Yes Macquarie Access Code

Would this officer like to use PayAnyone on this account? Refer to page 15 of the PDS for additional information on the PayAnyone service. If you do not tick/cross a box we will assume you do not wish to use this service.

No

Yes

We will confirm online PayAnyone transactions (if you selected yes to use this service above) and Bpay transactions via email.

Please use my email address given above

Please use another email address:



All individuals must complete the applicable IFSA/FPA form if you were **not** CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole traders form is available in the back of this PDS. All other forms can be downloaded from www.macquarie.com.au/idforms

Is this a Sole Director company?

Yes Go to 10

No Go to Director/Secretary/Office Holder 2

Director/Secretary/Office Holder 2

Mr Mrs Miss Ms Other

First given name Other given name(s)

Surname

Any other name known by (if applicable)

Required under the AML/CTF Act 2006

Date of birth Required under the AML/CTF Act 2006

Occupation Required under the AML/CTF Act 2006

Residential address for Sole Director/Director/Secretary/Office Holder 2 Required under the AML/CTF Act 2006

Street name and number

Suburb/town

State Postcode Country

Work phone number Home phone number

Fax number Mobile phone number

Email address

Does this officer have a Macquarie Access Code for online services?

No we will provide you with one which will grant you access to transact@macquarie and Macquarie PhoneLink

Yes Macquarie Access Code

Would this officer like to use PayAnyone on this account? Refer to page 15 of the PDS for additional information on the PayAnyone service. If you do not tick/cross a box we will assume you do not wish to use this service.

No

Yes

We will confirm online PayAnyone transactions (if you selected yes to use this service above) and Bpay transactions via email.

Please use my email address given above

Please use another email address:



All individuals must complete the applicable IFSA/FPA form if you were **not** CMT client(s) on 12 December 2007 (or if the account has since closed) and have not previously completed the identification requirements. The Individuals/Sole traders form is available in the back of this PDS. All other forms can be downloaded from www.macquarie.com.au/idforms

If you would like to appoint additional officers please complete the Third Party Authority form in the back of the PDS.

10 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 **You do not need to answer questions 11–16. Go to 17**

Yes Go to next question

11 Are you investing for a minor (less than 18 years old)?

No Go to next question

Yes Attach a copy of minor's birth certificate.

Name of the minor

You do not need to answer questions 12–16. Go to 17

12 Name of the trust/entity/trading name



If not previously provided you will need to complete the applicable IFSA/FPA form. You can download this form from www.macquarie.com.au/idforms

Additional documents may be required – refer to the application guide for details.

13 What is the nature of the trust/entity's activity? Required under the

AML/CTF Act 2006

14 Does the trust/entity have an ABN/ACN?

No reason for exemption

Yes ABN/ACN

15 Does the trust/entity have a tax file number (TFN)?

No reason for exemption

Yes TFN

16 Is the trust/entity a foreign entity for tax purposes?

No *Go to next question*

Yes country of residence

17 What is the mailing address for this account?

The mailing address will receive correspondence in relation to your account such as passwords and service information.

If this section is not completed all mail will be sent to the residential address of individual 1 (if an individual account) or the principal place of office address (if a corporate account).

Street name and number or PO Box

Suburb/town

State Postcode Country

18 How would you like to receive your statements?

Online only *Go to 20*

Printed and online *Go to next question*

19 If you selected printed statements in question 18 it is mandatory that we send a statement to the unit holders.

Where would you like your statements sent? *This address cannot be care of a third party.*

The account mailing address indicated in question 17 *Go to next question*
(if not care of a third party)

Another address *Please list the address below*

Statement mailing address

Street name and number

Suburb/town

State Postcode Country

20 Will you require tax invoices in order to claim a tax credit?

No

Yes

21 Will you require a cheque book?

No *Go to next question*

Yes What size cheque book will you require?

30 50 100

If you do not cross a box and have selected 'yes' we will automatically issue a book of 30 cheques.

22 Would you like to receive a paper copy of the Trust's annual report each year? *An electronic copy is available from www.macquarie.com.au. If you do not cross a box, we will send a paper copy.*

No

Yes

23 Where would you like your interest paid?

Reinvested into my CMT account *Go to next question*

Paid into another account *Provide account details*

Name of financial institution

Branch name and address

BSB

Account number

Account name

This account will automatically become a nominated account for funds transfer.

24 Would you like to nominate another account for funds transfer?

No Go to next question

Yes Provide account details

Name of financial institution

Branch name and address

BSB


 -

Account number

Account name

25 Will you be making regular investments using direct debit from another account?

No Go to next question

Yes  You will need to complete the Direct Debit Request form, located in the back of this PDS.

26 Do you want to authorise a third party such as your financial planning or stockbroking firm to make withdrawals from your account?


No Go to next question

Yes Provide the **company** name of your adviser/stockbroker

See the section headed "Further Information" on page 19 of the PDS which directs you to the terms and conditions for General Withdrawal Authority.

27 Would you like to authorise any other third party to have enquiry and/or transacting authority on your account?

No Go to next question

Yes  You will need to complete a Third Party Authority form, located in the back of this PDS, and the third party will need to complete the applicable identification requirements. Refer to the application guide for additional information.

28 What is the purpose of this investment? Required under the AML/CTF Act 2006

savings

growth

income

retirement

business account

other please specify

29 How much will you be investing?


We cannot accept cash, third party cheques or cheques made payable to Macquarie Investment Management Limited (MIML) only.

\$

30 How will you be making your initial investment?


Cheque – Please make this payable to "MIML Macquarie CMT <insert your full account name>".

Direct Debit

 You will need to complete the Direct Debit Request form, located in the back of this PDS.

Funds transfer by internet/phone banking or Bpay – You will be able to perform a funds transfer once you receive your BSB and account number which is included in your welcome kit. Bpay is also available using our biller code, 20206, and your account number as the customer reference number.

Funds transfer and/or close an account by written authority

 You will need to complete the Authority to Transfer form, located in the back of this PDS, or you will be able to perform a funds transfer once you receive your BSB and account number which are included in your welcome kit.

31 Please read this before answering the following question

Joint accounts: If you do not tick/cross a box we will assume "All/both of us to sign".

Company, Incorporated Association or Body:

These accounts must be signed by two officers (e.g. two directors, a director and secretary or two office holders), or as required by the constitution or rules of the company or body, or signed by one director for a sole director company.

If you do not cross a box, all future written instructions must be executed in the same way as this application form (unless instructed otherwise in writing).

Signing instructions for this account?

any one of us to sign

all/both of us to sign

other give details below

32 Applicant Declaration

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

This application accompanies the Macquarie Cash Management Trust Product Disclosure Statement (PDS) dated 19 September 2008 which contains information about investing in the trust and which should be read before applying for units. The PDS is issued by Macquarie Investment Management Limited ABN 66 002 867 003 AFSL No. 237492.

I/We declare that the information provided in this form is complete and correct.

I/We agree to be bound by:

• the provisions of the constitution dated 24 November 1980

(as amended) which constitutes the Trust.

- the terms of the PDS and in particular the Terms and Conditions and the telephone recording policy located in the Further Information (issue 1) which is incorporated by reference in this PDS.

I/We acknowledge that:

- units in the Trust will not be issued to me/us should the information provided in this form be incomplete or should I/we have not provided all necessary information required under applicable anti-money laundering laws, rules and subordinate instruments;
- units in the Trust are not deposits with or other liabilities of Macquarie Bank Limited or of any Macquarie Group company and are

Authorisation of Individual 1 or Company Officer 1

Mr Mrs Miss Ms Other

Name (print here)

If a company officer, your corporate title

Individual Director Sole Director
 Secretary Trustee Other *specify below*

Signature

Date

Authorisation of Individual 3

Mr Mrs Miss Ms Other

Name (print here)

Signature

Date

Authorisation of Individual 2 or Company Officer 2

Mr Mrs Miss Ms Other

Name (print here)

If a company officer, your corporate title

Individual Director Secretary Trustee
 Other *specify below*

Signature

Date

Authorisation of Individual 4

Mr Mrs Miss Ms Other

Name (print here)

Signature

Date

33 Adviser use only

By completing this section of the application form you are confirming that you are an authorised representative of the dealer group below and that the dealer group holds a current AFS Licence and is authorised to deal in and advise on this cash product.

Dealer name Dealer Code

Adviser name Adviser code

Product DAN This code can be used if your dealer group has a unique reference for this adviser
 DCN This code can be used if your dealer group has a unique reference for this adviser