

Dealer registration - Non AFSL

Use this form to register a company that does not hold an Australian Financial Services Licence (AFSL) number with Macquarie to distribute Macquarie Cash Management Accounts and Macquarie Cash Management Accelerator Accounts. For Macquarie Wrap Products, please use the *Dealer registration - AFSL* form.

In addition to this form, to access Macquarie Online services, you, any financial services professionals and employees will be required to complete the *Support staff registration form*.

1. Dealer information All fields marked with a red asterisk (*) are mandatory. Dealer code (if known): Dealer/Company name: Type of company SMSF Administrator Mortgage Broking Practice Legal Practice Accounting Firm Margin Lender *ACN: *Australian Business Number (ABN): Name of ABN holder (if different from company name): Does your company hold an Australian Financial Services Licence (AFSL) number? Yes, please use the Macquarie Dealer registration - AFSL form *A. Company contact information Please tick if the dealer already exists on file If the dealer is existing on file, please update the contact information for the company below. Registered address (cannot be a PO Box): Suburb: State: Postcode: Country: AUSTRALIA

1. Dealer information (Co	ntinued)	
Postal address (if different from office	address):	
Suburb:	State:	
Postcode:	Country:	
	AUSTRALIA	
Office phone number:	Office email address:	
Principal Place of business:		
Suburb:	State:	
Postcode:	Country:	
	AUSTRALIA	
*B. Details of main contact		
Name of contact person:		
·		
Mobile number:	Email address:	
2. Entity details		
All fields are mandatory.		
How long has the firm been operating?		
Business model/client base: (eg, Is the cinto SMSFs)?	lient base diversified or focussed on one/few segments (ie retail clients b	eing advised
Key management: Name of Directors,	COO, Head of Compliance?	
	oversight is there of the service provided to your clients. Are these service ride name and contact details of appointed Compliance representative.	es subjected to
Audit reports: Copies of 2 most recent	audit reports over the business and its internal controls.	
Attach audit report 1	Attach audit report 2	
Please outline any issues over the last	years (regulatory notices etc)	

2. Entity details (Continued)

What vetting is undertaken over clients/third parties etc: Description of any internal processes in place to determine the potential risk a prospective client poses to the organisation

Macquarie's ability to contact end clients: Please confirm that the entity understands that, from time to time, Macquarie may contact the end client to verify transactions and other information.

Memberships: Is the entity a member of a registered body (ie CA etc) and if so, provide their membership number (inc. for all Directors)

Pl insurance: Does the entity hold Pl insurance. Please provide a copy of the current Pl insurance certificate.

Yes No

Attached PI insurance certificate

3. Company GST information

This section is only applicable if you are eligible to receive payments.

We require your GST information for purposes of adviser service fees or other payments.

Is the Company registered for GST?

Is the Company a resident of Australia for income tax purposes?

No, please provide country of residence for income tax purposes: Yes

4. Dealer level access

Allows the Representatives specified in this section to view information about the Company and Macquarie accounts that have been established and/or administered by the Company's representatives and if applicable, receive statements regarding payments to the Company.

Before accessing Adviser Online you should carefully read the Adviser Online Terms and Conditions available on our website at macquarie.com.au/site/adviser-online/terms-and-conditions.html.

These Terms and Conditions must be read together with the Macquarie Banking Terms and Conditions (Banking T&Cs). The Banking T&Cs govern your use of Adviser Online including any payments you make or instructions you submit on behalf of your Clients in relation to Cash Hub Accounts. You can also use Adviser Online to access other Macquarie Products and submit investment instructions for them - in doing so, we will communicate instructions to and from the relevant product issuer.

By signing this section, you confirm that:

- you agree to the Adviser Online Terms and Conditions and the Macquarie Banking Terms and Conditions
- you agree to our Privacy Policy available on macquarie.com.au and for your identity to be verified electronically using government sources and information held by our credit reporting agencies, such as Equifax.

Go to macquarie.com.au/everyday-banking/macquarie-client-identity-verification to learn more.

All fields marked with a red asterisk (*) are mandatory.

5. Dealer level access (Continued) Representative 1 Please select your role: Support Staff Other Financial Services Professional Title: Name: Macquarie ID (if known): Any other name known by: *Date of birth: *Mobile number: *Email address: Is your postal address the same as stated in section 1A? Yes No, please provide your postal address Street name and number: Suburb: State: Postcode: *Electronic Verification I have attached a certified copy of my government identification No **▶** please complete the below Yes ▶ go to section 6 Government Identification Details (This is for verification purposes only) ID type State of Issue (Drivers Licence, Passport, Proof of (if using a passport, input Country of Age) Licence/Document number Issue) Drivers licence card number (Only if present on ID): Residential address - Street number and name: Suburb: State: Postcode: Representative Signature 1:

Date:

5. Dealer level	access (Contin	nued)		
Representative 2				
Please select your role	2:			
Support Staff				
Other Financial Se	ervices Professional			
Title:	Name:			
Any other name know	n by:		Macquarie ID (if k	nown):
*Date of birth:			*Mobile number:	
*Email address:				
ls your postal address	the same as stated in	section 1A?		
	lease provide your post			
Street name and num	ber:			
Suburb:		State:		Postcode:
*Electronic Verific	ation certified copy of my go	vernment identificat	ion	
	complete the below		to section 6	
		_		
Government Ident ID type (Drivers Licence, Pa	cification Details (This	is for verification p		State of Issue (if using a passport, input Country of Issue)
Drivers licence card	d number (Only if prese	ent on ID):		
Residential addres	ss - Street number and	I name:		
Suburb:		State:		Postcode:
Representative Signa	ture 2:		1	
Date				
Date:				

 Λ

Macquarie ID is a unique code allocated to you. Please do not share this with others. If you do not have a Dealer code or Macquarie ID we will automatically issue you one and email it to the email address listed in this section.

6. Declaration and signature

Please ensure this form is executed by two directors, a director and secretary or a sole director.

Before accessing Adviser Online you should carefully read the Adviser Online Terms and Conditions available on our website at macquarie.com.au/site/adviser-online/terms-and-conditions.html

These Terms and Conditions must be read together with the Macquarie Banking Terms and Conditions (Banking T&Cs).

The Banking T&Cs govern your use of Adviser Online including any payments you make or instructions you submit on behalf of your Clients in relation to Cash Hub Accounts. You can also use Adviser Online to access other Macquarie Products and submit investment instructions for them – in doing so, we will communicate instructions to and from the relevant product issuer.

By signing this section, you confirm that:

- you agree to the Adviser Online Terms and Conditions and the Macquarie Banking Terms and Conditions
- you agree to our Privacy Policy available on macquarie.com.au and for your identity to be verified electronically using government sources and information held by our credit reporting agencies, such as Equifax.
 Go to macquarie.com.au/everyday-banking/macquarie-client-identity-verification to learn more.

All fields are mandatory				
Title:	Name:			
Any other name known by:		Corporate title:		
		Director	Sole Director	Secretary
Director Identification Number (D	N):			
Electronic Verification - I have	attached a certified copy of	my government identific	ation	
No ▶ please complete th	ne below Yes ▶ b	elow not required		
Date of birth:				
Government Identification De	tails (This is for verification	purposes only)		
ID type (Drivers Licence, Passport, Pro Age)	of of Licence/Docun	nent number	State of Issue (if using a passport, input Country of Issue)	
Drivers licence card number (C	only if present on ID):			
Residential address - Street n	umber and name:			
Suburb:	State:		Postcode:	
Signature 1:		\neg		
Date:		_		

For more information, please visit Adviser Help Centre.