

Business Savings Account Power of Attorney (POA) form

Macquarie Bank Limited ABN 46 008 583 542 AFSL and Australian Credit Licence no. 237502

Use this form to nominate a Power of Attorney (POA) or Enduring Power of Attorney (EPOA) as an authorised third party to view and transact on your Account(s). Please note that you can not nominate a third party to transact on your Account(s) without a valid and active POA or EPOA.

Please consider carefully who you appoint as a third party authority on your Account(s). By completing this form, you authorise a third party to access information about your Account(s) and, in addition, authorise the third party to make withdrawals and payments from your Account(s) using any method in writing by us (including, without limitation, Electronic Banking), change details on your Account(s) and close your Account(s). It is important that you understand this risk and carefully consider the access that you will be providing to the third party.

To remove a third party from your Account(s), please contact us via live chat by logging in to Macquarie Online Banking or the Macquarie Mobile Banking app.

Please use **black ink**. Print in **CAPITALS**. Mark boxes with an [✓] where applicable.

1. Your Macquarie Account details (to be completed by Account holder(s))

Account number:

Account name:

2. Transact access for third party terms and conditions

- 1. Only you may appoint a third party to access or withdraw from your Account(s).
- 2. If you appoint a third party to transact on your Account(s) they will automatically have view access on your Account(s) as well.
- 3. You acknowledge and agree that we have the right to delay, or seek further information, before acting on any instructions purporting to be given by the nominated third party. However, we are not obliged to seek further information or make any enquires in connection with any such instruction. Acting reasonably, we may refuse to act on an instruction understood to be given under this appointment by you, if we reasonably believe that acting on that instruction creates a risk of loss to you.
- 4. You can arrange to have the authority of any third party appointed by you revoked at any time by contacting us.
- 5. This authority takes effect on the date when we amend our records to note the appointment of the third party and continues until either party provides written notice to cancel it. Cancellation takes effect on the date when we amend our records to note the change.
- 6. We may cancel the appointment of a third party as an authority on your Account(s) at any time:
 - a. If you or the third party does not comply with the terms of this authority or the Terms and Conditions listed below in section 4; or
 - b. If a dispute arises between you and the third party; or
 - c. If we receive notification of the death, bankruptcy, or loss of capacity of you or the third party; or
 - d. For any other reason in our discretion. We will act reasonably in relation to any decision to cancel the appointment of a third party.

2. Transact access for third party terms and conditions (continued)

- 7. You acknowledge and agree that you are liable for any instructions given to us, by the third party nominated in this form to the time that their authority is cancelled. This includes, future dated payments and periodical payments established by the third party prior to the cancellation of their authority.
- 8. We remain liable for any loss or liability which:
 - a. arises as a result of our mistake, error, fraud, negligence or wilful misconduct, or
 - b. by operation of law we cannot exclude.

3. Declaration and signature of Account holder(s)

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

By completing and signing this form, I/we (as applicable):

- acknowledge I/we have read, understood and accept the third party authority terms and conditions in section 2 of this form, and
- authorise the individual whose details and signature appear in section 4 to have transact access to my/our Account(s).

Signature 1:	Signature 2:			
Full name:	Full name:			
Date:	Date:			
4. Third party details				
This section is to be completed by the third	d party you are adding to your Account(s).			
Title:	Full Given name(s):			
Surname:	Date of birth:			
Other names known by:				
Mobile phone number:	Email address:			
By providing your contact details above, you consent to us sending you information relating to the Account(s) electronically. Note: Macquarie Business Savings Accounts are offered with electronic communication only.				
Occupation:				

4. Third part	y details (contir	nued)			
Residential addres	s (PO Box is NOT accept	able)			
Street name and n	umber:				
Suburb/town:		State:			
Postcode:		Count	ry:		
Do you have a Mad	cquarie Access Code (M.	AC)?			
No	Yes, provide deta	ails:			
How have you mai	nly accumulated your v	vealth?			
Business opera	tions	Investments	Inheritance/Gift		
Sale of a prope	rty or asset	Legal settlement	Foreign income		
	a country or the location		nt is often (but not always) based on the amo ne of work. For example, in the US, tax resider		
Please answer <u>both</u>	tax residency questions	5			
Are you an Austra	lian resident for tax pui	rposes?			
Yes	No				
Are you a tax resid	dent of another country	<i>1</i> ?			
No	Yes ▶ Please list all relevant countries below and provide the associated Tax Identification Number (TIN) or equivalent. Please note this information is required to open your Business Savings Account.				
	r assigned by each count cial Security Number in t		ering tax laws. This is the equivalent of a Tax F	-ile Number	
		entification documents for electr ou may be required to provide ac	onic verification and have indicated that you dditional documentation.	are not	
Country 1		Country 2	Country 3		
Country		Country	Country		
TIN		TIN	TIN		

4. Third party details (continued)

Declaration by third party

By signing below, I:

- agree that, to the best of my knowledge, all information given in this form (including any attached documents) is true and correct and that I will promptly notify Macquarie and provide any changes to the information provided by me
- acknowledge that I have read, understood and accept the following documents (available at our website macquarie.com.au):
 - Macquarie Business Savings Account terms and conditions
 - Macquarie electronic banking terms and conditions
 - Macquarie Privacy Statement
- agree that I am bound to the Privacy Statement (link below) which describes the handling of my personal information, including direct marketing and I understand that I can change my marketing preferences by visiting macquarie.com.au/optout-bfs,
- agree for my identity to be verified electronically using government sources and information held by credit reporting agencies such as Equifax. For more information, refer to Macquarie Client Identity Verification FAQs
- agree to provide Macquarie with any information that is reasonably required in order for Macquarie to meet its obligations under AML/CTF laws, FATCA and/or its internal policies and procedures.

Link to Privacy Statement: macquarie.com.au/assets/bfs/documents/personal-direct/macquarie-privacy-statement.pdf

ignature:	
ull name:	
Date:	

5. Third party verification

Please attach a certified copy of the ID documentation (and any required translation), to satisfy either part I, II or III, as outlined below. If the individual does not own a document from Part I, then complete either Part II or III.

Please note identification documents must have been certified within the last 12 months, at the time of acceptance by us.

Acceptable ID documents – attach a legible certified copy of the ID documentation (and any required translation). Identification documents must have been certified within the last 12 months, at the time of acceptance by us.

Part I - acceptable primary photographic ID documents

Select ONE valid option from this section only (all documents must contain a photograph of the person:

Australian State/Territory driver's licence

Australian passport (a passport that has expired within the preceding 2 years is acceptable)

Card issued under a State or Territory for the purpose of proving a person's age

Foreign passport or similar travel documents also containing the signature of the person

Part II - acceptable secondary ID documents

SHOULD ONLY BE COMPLETED IF YOU DO NOT OWN A DOCUMENT FROM PART I Select ONE valid option from this list:

Birth certificate or birth extract issued by an Australian State or Territory

Australian citizenship certificate

Commonwealth Seniors Health Card issued by Services Australia

Health Care Card issued by Services Australia

Pensioner Concession Card issued by Services Australia

<u>AND</u>

ONE valid option from this section (all documents must contain the person's name and residential address):

A document issued by the Commonwealth or State or Territory within the preceding 12 months that records the provision of financial benefits to the person

A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the person to the Commonwealth (or by the Commonwealth to the person)

A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person

Part III - acceptable foreign photographic ID documents

SHOULD ONLY BE COMPLETED IF YOU DO NOT OWN A DOCUMENT FROM PART I

Select ONE valid option from this section only (all documents must contain a photograph of the person):

Foreign driver's licence that also contains the person's date of birth

National ID card issued by a foreign government that also contains a signature of the person

Certification of identification documents

Copies of the required identification must be certified and confirmed on the document as a true copy of an original document by one of the following persons:

- 1. a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- 2. a judge of a court
- 3. a magistrate
- 4. a chief executive officer of a Commonwealth court
- 5. a registrar or deputy registrar of a court
- 6. a Justice of the Peace

5. Third party verification (continued)

- 7. a notary public (for the purposes of the Statutory Declaration Regulations 1993)
- 8. a police officer
- 9. an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- 10. a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
- 11. an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- 12. an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
- 13. a finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
- 14. an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees, or
- 15. a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.

Sign



Wet signature - please provide a copy of your Driver's Licence or Passport

Submit



Email to digitalbusiness@macquarie.com

- A a certified copy of the whole power of attorney document
- If the third party added to your account is new to Macquarie, please also attach a certified copy of ID (As per section 5).

Need Help?

For more information, please visit Personal Help Centre.