

Use this form to change your client's Macquarie Wrap Solutions account details.

# Macquarie Wrap Solutions Change of account details form

Macquarie Investment Management Limited ABN 66 002 867 003



PLEASE USE BLACK INK

## 1. CLIENT ACCOUNT DETAILS

Account name

Account number

### Change of postal address

Old address

Street no. & name OR P.O. Box

Suburb

State

Postcode

New address

Street no. & name OR P.O. Box

Suburb

State

Postcode

### Change of residential address

Old address

Street no. & name

Suburb

State

Postcode

New address

Street no. & name

Suburb

State

Postcode

### Change of address where contract notes should be sent (Investment Manager only)

Old address

Street no. & name OR P.O. Box

Suburb

State

Postcode

New address

Street no. & name OR P.O. Box

Suburb

State

Postcode

OFFICE USE ONLY

040400000



### Change of contact details

Work phone number

Home phone number

Fax number

Mobile phone number

Email address - where you want to receive general Macquarie Wrap Solutions service communications.

### Add a new broker

Broker name

Broker code

Broker name

Broker code

Broker name

Broker code

## 2. BANK, BUILDING SOCIETY OR CREDIT UNION DETAILS

Bank, Building society or credit union name

Branch address

Branch number (BSB)

Account number/membership number

Account name

I would like the details above to:

replace all accounts previously nominated

be nominated in addition to those previously nominated

## 3. ANNUAL REPORT

Change annual report selection to:

receive a paper copy of the trust's annual report each year

do not receive a paper copy of the trust's annual report each year.

Please let us know in writing when you wish us to resume sending you a paper copy. An electronic copy is available from [www.macquarie.com.au/invest](http://www.macquarie.com.au/invest)

Additional changes

Please specify

  

Place common seal here  
if required

Please do not sign here

## 4. PLEASE SPECIFY ANY ADDITIONAL CHANGES REQUIRED

Please specify

## 5. PLEASE SIGN HERE

Signature of Individual/Director/Secretary  
Sole Director/Sole Secretary (please circle applicable title)

Signature of Individual/Director/Secretary  
(please circle applicable title)

Name

Date

Name

Date

1. Please ensure your client's sign the form
2. Retain a copy for your records
3. Send this form to:

**Macquarie Wrap Solutions**, PO Box N498, Grosvenor Place NSW 1220 (please affix a stamp). Fax number 1800 025 175

If you have any questions about completing this form please call us on **1800 025 063**.