

# Macquarie withdrawal form

Macquarie Bank Limited ABN 46 008 583 542 AFSL 237502  
Macquarie Investment Management Limited ABN 66 002 867 003 AFSL 237492 RSEL L0001281



Please return this form by email to [transact@macquarie.com](mailto:transact@macquarie.com) or mail to Reply Paid 85744 Sydney NSW 2001.

## 1 Your account details – Funds will be debited from this account

Account number: 962695805

Account name: Andrew Family Super Fund

## 2 Your contact details – We may contact you to confirm this request before debiting your account

Phone number: 1300975999

Mobile number:

## 3 Withdrawal details

Is this a full withdrawal? ☒ No, please specify withdrawal amount (fees may apply):

\$

☐ Yes, please keep account open

☐ Yes, please close this account

**Note: If you close your Macquarie Cash Management Account (CMA), we will automatically close any linked Macquarie Online Trading Account (if there are no holdings) and/or any linked Macquarie Cash Management Accelerator Account(s). We cannot close your CMA if there are holdings in your linked Macquarie Online Trading account.**

Select your withdrawal option:

☐ Overnight bank transfer OR ☐ Same day bank transfer (fees may apply) ► go to section 4

☒ Bank cheque (fees apply) ► go to section 5

## 4 Bank transfer

☐ To nominated bank account (if only one on file) ► go to section 6 OR ☐ To account specified below

Account name:

BSB number:

-

Account number:

☐ Add as a nominated bank account, if not already

Optional reference OR Tax Office Reference (EFT Code) to appear on destination account (max 18 characters)

Optional narrative to appear on your statement (max 40 characters)

## 5 Bank cheque

Payable to: HostPlus

\$ 80,000.00

Payable to:

\$

Payable to:

\$

Payable to:

\$

Select receipt of cheque

☐ Collection by (name)

from office in ☐ Sydney ☐ Melbourne ☐ Brisbane

on / / after ☐ 11.30am OR ☐ after 2.30pm

☒ Mail Attention to: Blue Chip Super care of Lence Leimbach

Address: PO Box 1777 Wollongong DC NSW 2500

## 6

**Signature:** By completing this form, you accept and agree to be bound by the terms and conditions contained in the relevant Product Information Statement (as applicable to you and on the back of this form). If you do not already have a copy of the relevant offer document you can obtain it from our website at [macquarie.com](http://macquarie.com) or by contacting us.

Signature

Date

30 / 9 / 2019

Signature

Date

/ /

Full name: Leanne Xerri

Full name:

**Note: This form must contain an original signature(s) – digitally inserted signatures will not be accepted. Please attach a copy of the account holder(s) driver's license or passport, if not already provided previously. The identification does not need to be certified.**