# Macquarie Transaction and Savings Accounts – Third Party Authority (TPA) Form



Macquarie transaction and savings accounts are issued by Macquarie Bank Limited ABN 46 008 583 542, AFSL 237502.

# When you and the third party have completed and signed this form, please email your scanned form to transact@macquarie.com

Use this form to nominate a Third Party Authority (TPA) on your Macquarie Transaction and Savings Account.

Please consider carefully who you appoint as a third party authority on your accounts. Where a third party is granted view access to your account, they will be able to access all personal and account information, including but not limited to your account details (BSB, account number and account name), and your transaction history. The third party will not be able to modify any information, transact or make any withdrawals from your account. It is important that you understand this risk and carefully consider the access that you will be providing to the third party.

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

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



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#### View access for third party authority terms and conditions

- 1. Only you may appoint a third party to access your Account(s).
- 2. You acknowledge that you cannot authorise a third party to use your Card and that we will not issue a Card to any third party appointed by you (or to any other person other than a joint Account holder).
- 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.
- 4. You can arrange to have the authority of any third party appointed by you revoked at any time by calling us at 13 31 74.
- 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 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:
  - 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
  - If a dispute arises between you and the third party; or
  - If we receive notification of the death, bankruptcy, or loss of capacity of you or the third party; or
  - For any other reason in our discretion.
  - We will act reasonably in relation to any decision to cancel the appointment of a third party.
- 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.
- 8. We won't be liable for any loss or damage suffered by you from us cancelling any authority you have given.
- 9. You are responsible for any loss or damage incurred as a result of the appointment of the third party, or in connection with any actions taken on the third party's instruction.
- 10. 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.

## Declaration and signature of Account holder(s)

By completing and signing this third party authority 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 third party authority form, and
- authorise the individual whose details and signature appear in section 4 below to have view access to my/our Account(s).

Signature:	Signature:
Date: / /	Date: / /
Name:	Name:

## Third party details

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This section is to be completed by the third party yo		
Fitle: Full given name	e(s):	
Surname:	Date of birth:	/ /
Any other name you are known by (if applicable):		
Nobile number:	Email address:	
	onsent to us sending you information relating to the Account(s) e unts are offered with electronic communication only.	lectronically.
Occupation:		
Residential address (cannot be a PO Box):		
Suburb:	State: Po	stcode:
Country:		
Do you have a Macquarie Access Code (MAC)?	D Yes, provide details:	
How have you accumulated your wealth?	avings from employment Superannuation Foreign inc	come
Declaration by third party	vestments Inheritance/gift	
By signing below, I:	n given in this form (including any attached documents) is true and corre	act and that I will prompt
notify Macquarie and provide any changes to the infor		
	following documents (available at our website macquarie.com.au):	
<ul> <li>Macquarie transaction and savings accounts ter</li> <li>Macquarie electronic banking terms and conditional co</li></ul>		
<ul> <li>Macquarie privacy statement</li> </ul>		
	ailable at our website) which describes the handling of my personal e my marketing preferences by visiting macquarie.com.au/optout-bf	
	is reasonably required in order for Macquarie to meet its obligations u	-
ignature		
	Date	/
ull name:		