

Withdrawal Form

Please complete the form in BLOCK LETTERS and mark appropriate boxes with an X. Return to us at the above address.

1. Account Details

Existing Account Name

Existing Managed Account Number

2. Withdrawal Details

Full withdrawal – closure of your Managed Account. A full withdrawal will result in the closure of your Managed Account and all proceeds will be made to your Nominated Bank Account. However, if the fund is a Self Managed Super Fund (SMSF), proceeds MUST be paid into a bank account in the name of the SMSF. If this is not your Nominated Bank Account, please provide details under Section 3, Alternative Bank Account.

Full withdrawal – closure of an Investment Option. A full withdrawal will result in the closure of selected Investment Options. Please nominate Investment Options in table below and write 'In Full' when specifying the amount to be paid.

Partial withdrawal. Please specify in table below the amount you wish to withdraw and the Investment Option from which it will be made. Withdrawals must meet any minimum withdrawal requirements of your Investment Option.

Investment Option	Amount
	\$
	\$
	\$
	\$
Total	\$

3. Payment Details

Payments will be made to your Nominated Bank Account or Alternative Bank Account, as nominated in your initial Application Form. If not provided, or if your fund is a SMSF, please provide details below.

Please make payments to my/our Nominated Bank Account, as directed in my/our initial Application Form.

Please make payments to my/our Alternative Bank Account, as directed in my/our initial Application Form, or as provided below.

Alternative Bank Account Details

Bank

Branch

Account Name

BSB

Account Number

4. Declaration and Signing

To: Investment Administration Services Pty Ltd (IAS):

I/We declare that:

- All details provided by me/us in this form are true and correct and I/we authorise IAS to complete and execute transactions to give effect to my/our withdrawal instructions.
- Where I/we are signing under a Power of Attorney, I/we verify that, at the time of signing I/we had not received notice of revocation of that Power of Attorney. A certified copy of the Power of Attorney has been enclosed with this form.

Individual/joint account holder/trustee(s) sign here

If the account is in joint names, all account holders must sign. If there are more than two trustees attach additional signatures.

Signature Investor 1 or Company Director/
Sole Director/Power of Attorney

Date

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Signature Investor 2 or Company Director/
Company Secretary/Power of Attorney

Date

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D D M M Y Y Y Y