

Investment Withdrawal Request Form

Investment Bond

Please PRINT clearly in BLACK or BLUE pen keeping well within the boxes. Use crosses in the boxes marked with an "X".

1. Investor(s) details

Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Residential address (not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country (if not Australia)	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

2. Investment details

Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Commencement date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input checked="" type="checkbox"/> Full Withdrawal If you are making a full withdrawal, please provide your original Certificate of Membership by post or alternatively, should this no longer be in your possession, please complete the Statutory Declaration on the last page. (Interim rate of interest will apply if an investment option is fully withdrawn prior to bonus declaration) To view your investment interim rate please view online at australianunity.com.au/investment-bonds-performance			
<input checked="" type="checkbox"/> Partial Withdrawal (minimum amount \$500) Amount required \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>			

3. Financial institution account details

Bank name	<input type="text"/>	Branch	<input type="text"/>
Branch number (BSB)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number	<input type="text"/>
Account name	<input type="text"/>		

Important information about your withdrawal

We care about keeping your account safe so there are circumstances where we will need to contact you and verify your details before releasing your payment. These circumstances may include:

- The bank account you've nominated is different to the bank account recorded on your file
- Your signature doesn't match the signature recorded on your file
- We need to verify other details relating to your request.

4. Reason for Withdrawal

To help us better understand our customer's needs, we ask that you please indicate your reasons for withdrawal below.

<input checked="" type="checkbox"/> Purchase property/car	<input checked="" type="checkbox"/> Investment has reached maturity	<input checked="" type="checkbox"/> Payment of a debt
<input checked="" type="checkbox"/> Other purchase	<input checked="" type="checkbox"/> Income support/living expenses	<input checked="" type="checkbox"/> Investing elsewhere – please specify: <input type="text"/>

5. Notes

- If you are under 16 years of age, both parents or guardians are required to sign and identification is required.
- Minimum remaining balance is \$1,000 to keep your investment open. If your withdrawal takes your Plan below the minimum balance, we may treat your withdrawal request as a full withdrawal and credit you the full balance and close your Plan.
- For security reasons no third party bank credits will be issued.

6. Declaration and Signature(s)

In consideration of payment of the part of my Investment(s) specified in this request, I confirm that I waive all rights to further claims of the benefit of the part(s) of the Investments I am withdrawing.

Investor 1 signature

X

Print name

Date

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---

Investor 2 signature

X

Print name

Date

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---



Return by email

investments@australianunity.com.au



Post

Send completed form together with relevant identification documents.

Within Australia

Australian Unity – Investment Bonds
Reply Paid 91914
Melbourne VIC 3000
*(No stamp required if mailed
within Australia)*

Outside Australia

Australian Unity
GPO Box 4397
Melbourne VIC 3001

Contact us

Investor Services

1300 1300 38

australianunity.com.au/wealth

6. Statutory Declaration

Applies to Australian Unity Investment Bonds, Australian Unity Education Savings Plan, Australian Unity Grand Bonds Assurance Fund policies only

Please complete this section only if you do not have the original Certificate of Membership.

Please use BLOCK letters and a black or blue pen.

Insert the name,
address and occupation
(or alternatively,
unemployed or retired or
child) of person making
the statutory declaration.

I, I,
.....
.....
.....

do solemnly and sincerely declare that:

To the best of my knowledge and belief the said Certificate of Membership has been lost. A proper search and diligent enquiries have been made to locate the said Certificate of Membership, however, no trace of it can be found.

I make this solemn declaration by virtue of the *Statutory Declaration Act 1959* law applying to the provisions and execution of a statutory declaration in the State/Territory in which this document is executed as amended and subject to the penalties provided in that Act legislation for the making of false statements in the statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

Signature of person
making the declaration

X X

Place (city, town or suburb)

Declared at Declared at

Date

On On

Name of authorised
statutory declaration witness

Before me Before me

I am an authorised statutory declaration witness and
I sign this document in the presence of the person
making the declaration:

I am an authorised statutory declaration witness and
I sign this document in the presence of the person
making the declaration:

Signature of authorised
statutory declaration
witness

X X

Date

On On

Name & capacity in
which authorised person
has authority to witness
statutory declaration, and
address (writing, typing
or stamp)

.....
.....
.....

Note: A person who wilfully makes a false statement in a statutory declaration under the Statutory Declaration Act 1959 legislation of the State/territory in which it is executed and can be found guilty of an offence against this Act under that legislation, the punishment for which can be a fine or imprisonment for a term.