Withdrawal Request Form



Investment Bonds

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

in the second se	- == 1111 1: ==== porrisoping from					
1. Investor Details						
Policy number						
Title	Mr Mrs Ms Ms Mi	ss D	ate of birth	/		
Name in full						
Residential address (not a PO Box)						
Suburb					State	
Postcode	Country					
Email						
Mobile						
2. Investment Deta	ills					
X Withdraw funds: bas	ed on default investment options					
3. Type of Withdra	wal					
Full Withdrawal (inter	rim bonus rate will apply to the Capital (ent interim rate please visit australianu	Guaranteed Fund for full wi	thdrawals)			
	finimum Amount \$500)	Total Deposit Ar				
4. Investment Opti	on Withdrawal Details (see PD	S for option details)				
Please withdraw funds as	per my current asset allocation/s	If yes, go to step 5.				
Please withdraw funds fro	om specific investment option/s	If yes, please complete de	etails below.			
	\$		or	%		
	\$		or	%		
	\$ \		or	%		
	i s		or	%		
			or			
			or	%		
			or	%		
			or or	%		

If as a result of your withdrawal you are closing an investment option, you will also need to complete Step 5, to confirm your new asset allocation.

5. New asset alloca	ation details							
Only complete this section	n if you're closing an investment option and ne	eed to confirm your new asset allocation.						
Option Code								
	\$	or%						
	\$	or%						
	\$	or%						
		or						
		or %						
	\$	or %						
	\$	or %						
	\$	or %						
6. Financial Institution Account Details								
o. Fillanciai ilistitu	tion Account Details							
Bank Name		Branch						
Branch Number (BSB)		Account Number						
Account name								
Important information	about your withdrawal:							
We care about keeping yo your payment. These circ		where we will need to contact you and verify your details before releasing						
• The bank account you'v	ve nominated is different to the bank account r	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.							
7. To better help us understand our investor's needs, please indicate reason for withdrawal below								
Purchase property X Purchase car X Purchase other X Pay off debt X Invest elsewhere								
X Other (please specify)								
8. Declaration and	Signature(s)							
	ent 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						
Investor 1 signature Investor 2 signature								
		2/						
X		X						
Name of Investor 1		Name of Investor 2						

Note: If under 16 years of age – both parents or guardians to sign and identification is required.



Return by email

enquiries@australianunity.com.au



Post

(together with any identification documents where relevant)

Australian Unity - Investment Bonds, Reply Paid 93753 Melbourne VIC 8060 (no stamp required if mailed in Australia)

If posting from outside of Australia, please send to:

GPO BOX 4397 Melbourne VIC 3001

Contact us



(f) australianunity.com.au/wealth

Investor Services

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) 1300 1300 38

Adviser Services

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(S) 1300 133 285

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