

Withdrawal Request Form

Tax Minimiser Investment Bond

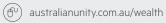
Please PRINT clearly in BLACK or BLUE pen keeping well within the boxes. Use crosses in the boxes marked with an "X".

1. Investor Details														
Policy Number				Pleas	e withdrav	v funds	from my c	urrent op	otions		-unds Sp	pecified i	n Step 3	
Title [X Mr X	Mrs X	Ms X	Miss			Date of b	oirth						
Name in full Residential address (not a PO Box)	esidential address													
Suburb												State		
Postcode	Country													
Phone	Mobile													
Email														
2. Type of Withdrawal														
Full Withdrawal (inter			-						formand	e				
Partial Withdrawal - (Minimum Amount \$500) Amount required \$														
Regular Withdrawal - (Minimum Amount \$100) Amount required \$														
3. Specific Investment Fund Withdrawal Details (see PDS for option details)														
Investment Fund Selection														
Multi-Manager Australian S	hares \$						or		%					
Multi-Manager Conservativ	e Fund \$						or							
Multi-Manager Moderate Fund							or		%					
Multi-Manager Growth Fun	d \$						or		%					
Multi-Manager Global Share Fund							or		%					
Capital Guaranteed Fund	Ç						or		%					
Capital Secure Fund	Ç						or		%					
Property Securities Fund	Ç						or		%					
Australian Shares Fund	Ş						or		%					
Global Shares Fund	Ş						or		%					
Managed Investment Fund	Ş						or		%					
Growth Investment Fund							or		%					
High Growth Fund	Ş						or		%					
Enhanced Yield Fund	Ç						or							

Step 4. Financial Insti	tutional (A coour	t Dotoil						
Step 4. Financial Insti	Tutional A	Accoun	т ретап	S					
Bank Name					Branch				
Branch Number (BSB)					Account Number				
Account Name									
payment. These circumstanThe bank account you'veYour signature doesn't mWe need to verify other of	r account s aces may ir e nominate aatch the si details rela	safe so t nclude: ed is diffe ignature ting to y	there are erent to t recorde our requ	circur he ba d on y est.					
Step 5. To better unde	erstand o	ur inve	estor ne	eds,	please indicate reason for withdrawal below:				
Living expenses	Purchase property			perty	Pay off debts				
Invest in superannuation	ion Invest elsewhere				Purchase car				
Other									
Step 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 Investor 2 signature									
X					X				
Name of Investor 1 Name of Investor 2									
Date									
Note: If under 16 years of a will be processed.	ge - both p	oarents (or guardi	ans to	sign and identification is required. For security reasons no 3rd party bank credits				
Return by po Australian Unity (no stamp require If posting from ou 271 Spring Stree	- Investmed if mailed	d in Aus ustralia,	tralia) please s		d 89, Adelaide SA 5001 Head Office:				
Email enquiries@austr	alianunity	.com.au	1						

Contact us





Investor Services



enquiries@australianunity.com.au



1300 1300 38

Adviser Services



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(\$) 1300 133 285

Withdrawal Request Form 2