Withdrawal Form



FlexiGrowth Investment

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								
Title	🔀 Mr	🔀 Mrs	🔀 Ms	🔀 Miss	Da	te of birth	DD/MM/YYYY	
Name in full								
Residential address (not a PO Box)								
Suburb						State	Postcode	
Country (if not Australia)								
Phone					Mobile			
Email								
2. Investment Deta	ails							
Policy Number							DD/MM/YYYY I apply if an investment option	
						is fully withdrawn prior to F	Performance Declarations).	
Full Withdrawa	al							
Partial Withdra	Partial Withdrawal - (Minimum Amount \$500)					Amount required \$		
Please withdraw from my current investment fund proportions								
or Investment Option Selection								
Capital Guaranteed Option \$					or	%		
Income Option		\$			or	%		
Cash Enhanced Optio	on	\$			or	%		
High Yield Option		\$			or	%		
3. Financial institu	tion acc	ount deta	ils					
Bank name						Branch		
Branch number (BSB	3)			Account numb	er 🗌			
Account name								

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.

Purchase property/car

Investment has reached maturity

Payment of a debt

X Other purchase

Income support/living expenses

Investing elsewhere – please specify:

5. Notes

 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.

• Withdrawals from the High Yield Option require 25 business days notice.

• For security reasons no third party bank credits will be issued.

6. 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

Х Name of Investor 1 Date Date



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

(@) Australian Unity GPO Box 4397 Melbourne VIC 3001

australianunity.com.au/wealth

Investor Services

- enquiries@australianunity.com.au
- 1300 1300 38

Adviser Services

- 🖂 investmentbonds@australianunity.com.au
- 1300 133 285

Investor 2 signature

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Na	ame of Investor 2	