Withdrawal Option





TaxSmart Investments

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			
Title	X Mr X Ms X Miss Date of birth		
Name in full Residential address			
(not a PO Box) Suburb	State State		
Postcode	Country		
Phone	Mobile		
Email			
2. Type of Withdrawal			
Please choose one of the following			
Full Withdrawal (Interim rate of interest will apply if an interest paying investment option if fully withdrawn prior to performance declarations)			
Partial Withdrawal (minimum amount \$500)			
Amount required \$	m my current investment fund proportions		
Or Investment Option Se	lection		
Cash Enhanced Option	\$ or %		
High Yield Option	\$ or %		
Growth Option	\$ or %		
Australian Shares Option	\$ or %		
Total (Overall % must equal 100)	\$ or %		
3. Financial Institution Account Details			
Bank Name			
Address			
Account Name			
Branch Number (BSB)	Account Number Account Number		

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. To better understand our investor needs	s, please indicate reas	son your reason for withdrawal	
		S. 1525 152 151 1111 1212 121	
Purchased Property/Purchased Car	Purchased other		
Payment of a debt	Investment has rea	ached maturity	
Income support/Living expenses			
Invest elsewhere – please specify			
Notes			
• Minimum remaining balance \$1,000 to keep 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 3rd party bank credits will be issued.			
5. 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	
Name of investor i		Name of investor 2	
Date / / /		Date / / /	
Return by post			
Australian Unity - Investment bonds, Reply Paid 89, Adelaide SA 5001 (no stamp required if mailed in Australia)			
If posting from outside of Australia, please send to Head Office: 271 Spring Street, Melbourne VIC 3000			

Contact us

Australian Unity
271 Spring Street

Email

271 Spring Street, Melbourne VIC 3000

enquiries@australianunity.com.au

Investor Services

enquiries@australianunity.com.au

§ 1300 1300 38

Adviser Services

investmentbonds@australianunity.com.au

§ 1300 133 285

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