

# Withdrawal Request Form

## Australian Unity 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(s) details

Investment account number	<input type="text"/>
Name of Fund	<input type="text"/>
	<input type="text"/>

#### Investor 1

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input 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"/>	
Surname	<input type="text"/>												
Given name(s)	<input type="text"/>												
Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Street number			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street name	<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	<input type="text"/>							
Email	<input type="text"/>												
Phone	<input type="text"/>					Mobile	<input type="text"/>						

#### Investor 2 (if applicable)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input 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"/>	
Surname	<input type="text"/>												
Given name(s)	<input type="text"/>												
Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Street number			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street name	<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	<input type="text"/>							
Email	<input type="text"/>												
Phone	<input type="text"/>					Mobile	<input type="text"/>						

**Partnership/Company/Superannuation Fund/Trust/Estate**

Name of Entity

A.R.B.N. OR A.B.N.:

Name of custodian or trustee (if applicable)

Country of residence for tax purposes (if outside Australia)

Contact person

Email

**2. Withdrawal nomination**

I hereby give notice that I wish to make a withdrawal as follows:

For the amount in dollars: \$       OR Amount in units (number)       OR My investment in full ☒**3. Details of your Bank, Building Society, Credit Union or CMT account**

Third party payments will not be made.

Bank Name

Branch

Branch Number (BSB)

Account Number

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. 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. All account signatories must sign below.

**Signature of Investor 1/Director**

X

Surname

Given name(s)

Date   /   /    

Common Seal (if applicable)

**Signature of Investor 2/Director/Company Secretary**

X

Surname

Given name(s)

Date   /   /    

Common Seal (if applicable)

Please note: All account holders must sign for a joint account. If signed under a Power of Attorney, the Attorney verifies that no notice of revocation of that power has been received. An original certified copy of the Power of Attorney and original certified copy of primary identification (driving licence or passport) for each Attorney must be provided if not provided previously. Company withdrawals must be signed in accordance with their Constitution. Sole signatories signing on behalf of a company must confirm that they are signing as sole director and as sole secretary of the company.

**Return by:**

(together with any identification documents where relevant)

**Post**

**Australian Unity – Investments, Reply Paid 91914, Melbourne VIC 3000**

(no stamp required if mailed in Australia)

If posting from outside of Australia, please send to Head Office:

**271 Spring Street, Melbourne VIC 3000**

**Email**

**[investments@australianunity.com.au](mailto:investments@australianunity.com.au)**

**Contact us**

Australian Unity  
271 Spring Street, Melbourne VIC 3000



[australianunity.com.au/wealth](http://australianunity.com.au/wealth)

**Investor Services**

[investments@australianunity.com.au](mailto:investments@australianunity.com.au)



13 29 39

**Adviser Services**

[investments@australianunity.com.au](mailto:investments@australianunity.com.au)



1800 649 033