

Withdrawal Request Form



Please use **BLOCK** letters and a black or blue pen to complete this Withdrawal Request Form.
Please indicate using an 'X' where appropriate. If a section does not apply to you, please indicate using 'N/A'.

Your personal information will be collected, used and disclosed by us in accordance with our Privacy Policy and in accordance with the law.
You can obtain a copy of our Privacy Policy via our website australianunity.com.au/privacy-policy or by telephone 13 29 39.

1. Investor details

Investment account number:

Name of Fund:

Investor 1

Title: Mr Mrs Ms Miss Date of birth: / /

Surname:

Given name(s):

Address:

Suburb: State:

Postcode: Country (if not Australia):

Email:

Contact number (business hours): Mobile:

Preferred contact method: Phone Email

Investor 2

Title: Mr Mrs Ms Miss Date of birth: / /

Surname:

Given name(s):

Address:

Suburb: State:

Postcode: Country (if not Australia):

Email:

Contact number (business hours): Mobile:

Preferred contact method: Phone Email

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

All proceeds will be paid to the account you nominate below. Please note that cheque payments and third party payments will not be made.

Australian financial institution:

Branch name:

Name of account holder(s):

Branch number (BSB): - Account number:

4. Declarations and signatures

All account signatories must sign below.

Signature of Investor 1/Director

Surname:

Given name(s):

Date: / /

Common Seal (if applicable):

Signature of Investor 2/Director/Company Secretary

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 applications 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.

5. Verification and certification

A verification document is required in support of this redemption request. Please provide a certified copy of any of the following that verify your (the applicants) full name, date of birth and current address:

Please place a tick in the document type that you have supplied.

Utility Birth Certificate Citizenship Certificate Pension Card Drivers Licence Passport

Certification of documents

Where your identification documents need to be certified, we suggest that the person certifying the document(s) for you use the following statement on the copy being certified:

'I certify this to be a true copy of [name of document] the original of which, was produced to me at the time of signing.'

The document must also be dated, and have the signature, printed name, occupation, employer and address of the person certifying the document.

List of persons who can certify copies of original documents:

- Accountants (members of the Institute of Chartered Accountants, the Australian Society of CPA's or the National Institute of Accountants).
- Aldermen or Councillors of Municipal or Shire Councils.
- Bank, Building Society and Credit Union employees and agents authorised by their institution to open accounts.
- International Banks employees authorised by their institution to open accounts where the International Bank engages in a transaction with a cash dealer.
- Bailiffs.
- Barristers.
- Clerks of Courts.
- Clerks of Petty Sessions.
- Commissioned officers currently serving in the defence forces.
- Dentists.
- Diplomatic or consular officers to an Australian Embassy.
- Holders of statutory offices for which an annual salary is payable.
- Insurance Company full-time employees who have been employed continuously for at least five years by such company.
- Judges and Masters of Federal or State Parliament.
- Justice of the Peace.
- Members of an aboriginal community council and recognised community elders of an aboriginal community.
- Medical Practitioners.
- Members of Federal or State Parliament.
- Members of the Legislative Assembly of the ACT, Northern Territory or Norfolk Island.
- Ministers of Religion who are authorised Marriage Celebrants.
- Notaries public.
- Nursing sisters.
- Pharmacists.
- Police officers in charge of police stations.
- Police officers in the rank of Sergeant or any greater ranking.
- Postal managers.
- Public employees – current full-time employees of Commonwealth, State, Territory or Local Governments or Statutory Authorities, who have been employees for at least 5 years by one or more of those employers.
- Registrars of Federal or State Courts.
- Sheriffs.
- Solicitors.
- Stipendiary Magistrates.
- Teachers - full time, who have been teaching for more than 5 years at schools or tertiary institutions.

Please send your completed form to:

Australian Unity Investments
Replied Paid 64466
South Melbourne VIC 3205

(no stamp required if mailed in Australia)

Or fax your completed form to:

03 8682 5057

and send the original form to the address indicated at left.

Contact us

Investor Services

T 13 29 39
F 03 8682 5057

Australian Unity Investments
114 Albert Road
South Melbourne VIC 3205

Website

australianunityinvestments.com.au

Email

investments@australianunity.com.au