

GUIDE TO COMPLETING THIS FORM

- > Complete this form using **black pen** – print in clear **CAPITAL LETTERS**.
- > Once completed, follow the instructions on the back page to return your form to Advance.
- > Questions? Call our Customer Relations team on **1800 819 935** or email **investorservices@advance.com.au**.
- > You can change or suspend your Regular Withdrawal Plan by contacting us at least seven business days before the end of the distribution period in which you wish to make the change.

1. INVESTOR DETAILS

Investor Number

C

Investor A

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Phone number during business hours

Residential address/Registered office (PO Box **not** acceptable)

<input type="text"/>	
<input type="text"/>	
State	Postcode
Country, if not Australia	<input type="text"/>

Postal address – if different from above

<input type="text"/>	
<input type="text"/>	
State	Postcode
Country, if not Australia	<input type="text"/>

Investor B

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Phone number during business hours

Residential address/Registered office (PO Box **not** acceptable)

<input type="text"/>	
<input type="text"/>	
State	Postcode
Country, if not Australia	<input type="text"/>

Postal address – if different from above

<input type="text"/>	
<input type="text"/>	
State	Postcode
Country, if not Australia	<input type="text"/>

Companies, associations or other investors

Full name of company, association or other investor

ABN (if applicable)

Name of trust account

Provide your account reference (where account is held on behalf of others)



2. REASON FOR COMPLETING THIS FORM

Cross [X] the relevant box.

<input type="checkbox"/>	I'm starting a new Regular Withdrawal Plan.
<input type="checkbox"/>	I'm changing an existing Regular Withdrawal Plan. This request replaces any previous request.
<input type="checkbox"/>	I'm cancelling the existing Regular Withdrawal Plan.

3. REGULAR WITHDRAWAL PLAN DETAILS

Please nominate the fixed payment you'd like to receive from your investments.

Investment Suite Fund	APIR Code	For Advance use only Trust – Fund Code	Specify the amount to be paid from each Fund
Advance Defensive Multi-Blend Fund	ADV0022AU	ARI-DMB	\$
Advance Moderate Multi-Blend Fund	ADV0090AU	ARI-MMB	\$
Advance Balanced Multi-Blend Fund	ADV0023AU	ARI-BMB	\$
Advance Growth Multi-Blend Fund	ADV0024AU	ARI-GMB	\$
Advance High Growth Multi-Blend Fund	ADV0086AU	ARI-HGM	\$
Advance Australian Shares Multi-Blend Fund	ADV0025AU	ARI-ASM	\$
Advance International Shares Multi-Blend Fund	ADV0028AU	ARI-ISM	\$
Advance Property Securities Multi-Blend Fund	ADV0094AU	ARI-PSM	\$
Advance Australian Fixed Interest Multi-Blend Fund	ADV0029AU	ARI-AFI	\$
Advance International Fixed Interest Multi-Blend Fund	ADV0088AU	ARI-IFI	\$
Advance Asian Shares Multi-Blend Fund	ADV0082AU	ARI-AEF	\$
Advance Cash Multi-Blend Fund	ADV0069AU	ARI-CSH	\$
TOTAL			\$

4. PAYMENT ACCOUNT DETAILS

Regular Withdrawal Plan payments can only be made to a nominated financial institution account which must **not** be in the name of a third party. Please provide account details here.

Name of Australian financial institution

Branch name

BSB number

Account number

Account holder's name(s)



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5. INVESTOR'S DECLARATION AND SIGNATURE

By signing this form:

- > I/we acknowledge that I/we have read and understood the current Advance Alliance Investment Funds Product Disclosure Statement(s) (PDS) to which this Regular Withdrawal Plan Request relates and I/we agree to be bound by the terms of the PDS, including the privacy collection statement titled 'Protecting your privacy', and the relevant constitution(s), each as amended from time to time
- > I/we declare that all the details given in this Regular Withdrawal Plan request are true and correct.

If signing under a Power of Attorney, you verify that, at the time of signing, you haven't received notice of revocation of that power. Please provide a certified copy of the original Power of Attorney, including the appointed Power of Attorney's signature, if not already provided to us.

In the case of company signatories, two directors, or a director and a company secretary, must sign unless a sole director and sole secretary.

ⓘ ALL INVESTORS MUST SIGN AND DATE THIS FORM WITH POSITIONS INDICATED IF A COMPANY

Signature of Investor A, Director or Sole Trader

Date (dd/mm/yy)

Signatory's full name (please print)

Position (companies only)

Director Sole Director and Sole Secretary

Clubs/Associations/Unincorporated bodies (indicate office title)

Signature of Investor B, Director or Company Secretary

Date (dd/mm/yy)

Signatory's full name (please print)

Position (companies only)

Director Company Secretary

Clubs/Associations/Unincorporated bodies (indicate office title)

6. ADVISER USE ONLY

Adviser number

Work phone number

Mobile phone number

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management
GPO Box B87
Perth WA 6838

By Fax: 02 9274 5211

Please note: we cannot accept this form by fax if new bank account details are provided in Section 4.

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935

FAX
02 9274 5211

EMAIL ADDRESS

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au

ADVANCE
ASSET MANAGEMENT



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