

Complete this form using **black pen**. Print in clear – **CAPITAL LETTERS**

Advance Contact Centre 1800 819 935
Mon–Fri from 8.30am to 7.00pm, Sydney time

- 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)

State Postcode
Country, if not Australia

Postal address (if different from above)

State Postcode
Country, if not Australia

INVESTOR B

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

/ /

Phone number during business hours

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Residential address/Registered office (PO Box not acceptable)

State Postcode
Country, if not Australia

Postal address (if different from above)

State Postcode
Country, if not Australia

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 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.

Wholesale Investment suite fund	APIR code	For Advance use only	Specify the amount to be paid from each fund
		Trust – fund code	
Defensive Multi-Blend	ADV0049AU	AWI-DMB	\$
Moderate Multi-Blend	ADV0091AU	AWI-MMB	\$
Balanced Multi-Blend	ADV0050AU	AWI-BMB	\$
Growth Multi-Blend	ADV0085AU	AWI-GMB	\$
High Growth Multi-Blend	ADV0087AU	AWI-HGM	\$
Australian Shares Multi-Blend	ADV0045AU	AWI-ASM	\$
Australian Smaller Companies Multi-Blend	ADV0096AU	AWI-SCM	\$
International Shares Multi-Blend	ADV0053AU	AWI-ISM	\$
Australian Fixed Interest Multi-Blend	ADV0084AU	AWI-AFI	\$
International Fixed Interest Multi-Blend	ADV0067AU	AWI-IFI	\$
Property Securities Multi-Blend	ADV0095AU	AWI-PSM	\$
Advance Imputation	ADV0046AU	AWI-IMP	\$
Advance Alleron Australian Equity Growth	ADV0133AU	AWI-AEG	\$
Advance Concentrated Australian Share	ADV0115AU	AWI-CAS	\$
Advance Sharemarket	ADV0066AU	AWI-SHA	\$
Advance Australian Smaller Companies	ADV0075AU	AWI-SMC	\$
Advance Australian Geared Equity	ADV0078AU	AWI-AGE	\$
Advance Tradewinds Global Equities	ADV0134AU	AWI-TGE	\$
Advance International Sharemarket	ADV0047AU	AWI-ISH	\$
Advance International Shares Core	ADV0068AU	AWI-ISC	\$
Advance Asian Equity	ADV0083AU	AWI-AEF	\$
Advance Property Securities	ADV0052AU	AWI-PRO	\$
Advance Global Property	ADV0135AU	AWI-GPR	\$
Advance Global Alpha	ADV0117AU	AWI-GAF	\$
Australian Share Index	ADV0062AU	AWI-ASI	\$
International Share Fixed Interest Index	ADV0056AU	AWI-ISF	\$
Australian Fixed Interest Index	ADV0064AU	AWI-AII	\$
International Fixed Interest Index	ADV0058AU	AWI-FII	\$
Property Index	ADV0060AU	AWI-PRI	\$
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)

5. INVESTORS DECLARATION AND SIGNATURE

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

By signing this application form:

- I/We acknowledge that I/we have read and understood the current Advance Alliance Wholesale Investment Suite Funds Product Disclosure Statement (PDS) to which this Regular Withdrawal Plan request relates and I/we agree to be bound by the terms of the PDS 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.

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 Sole Trader

Date (dd/mm/yy)

Signatory's full name (please print)

Position (companies only)

Director Company Secretary

Clubs/associations/unincorporated bodies (indicate office title)

You can submit this form by:



mail Advance Asset Management
GPO Box B87
Perth WA 6838



fax (02) 9274 5211
Provided no new bank account details are provided
in Section 4.

6. ADVISER USE ONLY

Adviser Number

A

Work phone number

{ }

Mobile phone number

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname