

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

- Please note you can make withdrawals on Investor *Online* if you have an Investor *Online* password. See advance.com.au for log-in instructions.

1. INVESTOR DETAILS

Investor Number

C

INVESTOR A – INDIVIDUALS, JOINT INVESTORS OR TRUSTEES

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 – JOINT INVESTORS OR TRUSTEES

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

COMPANIES, ASSOCIATIONS OR OTHER INVESTORS

Full name of company, association or other investor

NAME OF TRUST ACCOUNT

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

2. WITHDRAWAL PAYMENT INSTRUCTIONS

Cross **[X]** the relevant box.

- Pay to financial institution account on file.
 Pay to financial institution account in Section 3.
 Post a cheque to the mailing address on file.

3. BANK ACCOUNT DETAILS

Complete this section if you would like withdrawal proceeds paid directly into a bank account which differs from the one on file.

! ACCOUNT MUST BE IN THE NAME OF THE INVESTOR AND NOT A THIRD PARTY.

Name of Australian financial institution

Branch name

BSB number

Account number

Account holder's name(s)

4. WITHDRAWAL DETAILS

You must specify the fund(s) you wish to withdraw from, together with the dollar amount or number of units you wish to withdraw. There is no minimum withdrawal amount. If withdrawing in full, please write "FULL" beside the relevant fund(s).

If you wish to close your account entirely, please cross [X] here.

Investment suite fund	APIR code	For Advance use only	Specify the amount below for this withdrawal (specify [X]) <input type="checkbox"/> units or <input type="checkbox"/> \$ If you don't [X] a box, your withdrawal will be treated as a request in dollars.
		Trust – fund code	
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 Share Multi-Blend Fund	ADV0025AU	ARI-ASM	
Advance Australian Smaller Companies Multi-Blend Fund	ADV0097AU	ARI-SCM	
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	
MBA Imputation	ADV0013AU	ARI-IM1	
MBA Imputation NEF	ADV0008AU	ARI-IM2	
Advance Australian Equity Growth	ADV0079AU	ARI-AEG	
Advance Concentrated Australian Share	ADV0114AU	ARI-CAS	
Advance Sharemarket	ADV0012AU	ARI-SH1	
Advance Australian Smaller Companies	ADV0076AU	ARI-SMC	
MBA Australian Geared Equity	ADV0077AU	ARI-AGE	
Advance Sharemarket NEF	ADV0066NE	ARI-SH2	
Advance International Sharemarket	ADV0014AU	ARI-ISH	
Advance International Share Core	ADV0089AU	ARI-ISC	
Advance Property Securities	ADV0101AU	ARI-PRO	
Advance Mortgage*	ADV0092AU	ARI-MOR	
TOTAL			

* Please refer to the Mortgage Fund Withdrawal Request for details and conditions on redeeming from this fund.

5. CUSTOMER IDENTIFICATION

Under the Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006, Advance customers required to be identified, must now complete Sections 6 and 7 of this form to confirm their identity prior to withdrawing cash from their Superannuation Account. Please note that your request may not be processed without this documentation being completed.

I have completed Sections 6 and 7 and attached the required certified documents.

OR

I have provided identification documents to my financial adviser.

➔ Go to section 8

6. IDENTIFICATION REQUIREMENTS IF YOU ARE NOT USING A FINANCIAL ADVISER

*Please send us certified copies of documents that show your full name and **either** your date of birth or residential address.*

- Complete Part A to tell us what documents you are sending us.
- If you cannot send us a certified copy of a document from Part A, then complete either Part B or C.
- Contact us if you are unable to provide the required documents in Parts A, B or C.
- **Do not send original documents, only certified copies.** Please refer to the 'How to certify your documents' section for more information.

A PART A – ACCEPTABLE PRIMARY ID DOCUMENTS

Select **one** valid option from this section only (cross **X**).

- Certified copy of an Australian State/Territory driver's licence containing a photograph of the person.
- Certified copy of an Australian passport (a passport that has expired within the preceding two years is acceptable).
- Certified copy of a card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person.
- Certified copy of a foreign passport or similar travel document containing a photograph and the signature of the person.*

OR**B PART B – ACCEPTABLE SECONDARY ID DOCUMENTS**
Should only be completed if you do not send a certified copy of a document from Part A or Part C.

Select **one** valid option from this section only (cross **X**).

- Certified copy of an Australian birth certificate
- Certified copy of an Australian citizenship certificate
- Certified copy of a Pension card issued by Centrelink
- Certified copy of a Health card issued by Centrelink

AND

Select **one** valid option from this section (cross **X**).

- Certified copy of a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- Certified copy of a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. **Block out the TFN before scanning, copying or storing this document.**
- Certified copy of a document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- If under the age of 18, certified copy of a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school

OR**C PART C – ACCEPTABLE FOREIGN ID DOCUMENTS**

Should only be completed if you do not send a certified copy of a document from Part A or B.

Both documents from this section must be presented (cross **X**).

- Certified copy of a Foreign driver's licence* that contains a photograph of you and your date of birth.
- Certified copy of a National ID card* issued by a foreign government containing your photograph and your signature.

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

7. HOW TO CERTIFY YOUR DOCUMENTS

A certified copy is a document that has been certified as a true copy of an original document.

To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (eg postal agent, Justice of the Peace). Sample wording is provided below.

I, [full name], as [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original [signature and date].

WHO CAN CERTIFY COPIES OF DOCUMENTS**Legal**

- a solicitor or barrister (that is, a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described))
- a judge of a court
- a magistrate
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a notary public

JP

- a Justice of the Peace

Police

- a police officer

Accountant

- a member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants Australia or the National Institute of Accountants with two or more years of continuous membership

Post office

- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public

Diplomatic service

- an Australian consular officer
- an Australian diplomatic officer (within the meaning of the Consular Fees Act 1985)

Financial corporations (bank, building society, credit union)

- an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
- a finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees.

8. INVESTOR'S DECLARATION AND SIGNATURE

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

By signing this form:

- I/we acknowledge that I/we have read and understood the current Advance Alliance Investment Suite Product Disclosure Statement (PDS) to which this Withdrawal Request relates and I/we agree to be bound by the PDS and the relevant constitution(s), each as amended from time to time
- I/we declare that all the details given in this form 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

If bank account details are not currently on file you will need to mail the form

6. ADVISER USE ONLY

Adviser Number

A

Work phone number

{ }

Mobile phone number

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Signature of adviser

Date (dd/mm/yy)

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