

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**.
- > 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

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Investor A – Individuals, joint investors or trustees

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

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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	

Investor B – Joint investors or trustees

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

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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)

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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.

<input type="checkbox"/>	Pay to financial institution account on file.
<input type="checkbox"/>	Pay to financial institution account in Section 3.
<input type="checkbox"/>	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

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 unless redeeming your entire balance.

! IF YOU HAVE A REGULAR SAVINGS PLAN VIA DIRECT DEBIT, YOUR PLAN WILL STOP AUTOMATICALLY IF YOU WITHDRAW YOUR INVESTMENT FROM THAT FUND IN FULL.

If withdrawing in full, write 'FULL' beside the relevant fund(s).

Investment Suite Fund	APIR Code	For Advance use only Trust – Fund Code	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.
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	

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



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 Suite Product Disclosure Statement (PDS) to which this Withdrawal Request relates and I/we agree to be bound by 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 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.

! 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 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 3.

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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