

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

(  )

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 [X] the relevant box.

I'm starting a **new Regular Withdrawal Plan**.

I'm **changing an existing Regular Withdrawal Plan**. This request replaces any previous request.

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	
Advance Defensive Multi-Blend Fund	ADV0049AU	AWI-DMB	\$
Advance Moderate Multi-Blend Fund	ADV0091AU	AWI-MMB	\$
Advance Balanced Multi-Blend Fund	ADV0050AU	AWI-BMB	\$
Advance Growth Multi-Blend Fund	ADV0085AU	AWI-GMB	\$
Advance High Growth Multi-Blend Fund	ADV0087AU	AWI-HGM	\$
Advance Australian Shares Multi-Blend Fund	ADV0045AU	AWI-ASM	\$
Advance Australian Smaller Companies Multi-Blend Fund	ADV0096AU	AWI-SCM	\$
Advance International Shares Multi-Blend Fund	ADV0053AU	AWI-ISM	\$
Advance Property Securities Multi-Blend Fund	ADV0095AU	AWI-PSM	\$
Advance Australian Fixed Interest Multi-Blend Fund	ADV0084AU	AWI-AFI	\$
Advance International Fixed Interest Multi-Blend Fund	ADV0067AU	AWI-IFI	\$
Advance Alternative Strategies Multi-Blend Fund	ADV0159AU	AWI-ALT	\$
Advance Asian Shares Multi-Blend Fund	ADV0083AU	AWI-AEF	\$
Advance Cash Multi-Blend Fund	ADV0069AU	ARI-CHS	\$
Alleron Australian Equity Growth	ADV0133AU	AWI-AEG	\$
Advance Concentrated Australian Share	ADV0115AU	AWI-CAS	\$
Advance Australian Smaller Companies	ADV0075AU	AWI-SMC	\$
Advance Tradewinds Global Equities	ADV0134AU	AWI-TGE	\$
Advance International Sharemarket	ADV0047AU	AWI-ISH	\$
Advance International Shares Core	ADV0068AU	AWI-ISC	\$
Advance Asian Shares Multi-Blend	ADV0083AU	AWI-AEF	\$
Advance Property Securities	ADV0052AU	AWI-PRO	\$
Advance Global Property	ADV0135AU	AWI-GPR	\$
Advance Global Alpha	ADV0117AU	AWI-GAF	\$
<b>TOTAL</b>			<b>\$</b>

### 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 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 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