

Withdrawal Request

Advance Asset Management Limited ABN 98 002 538 329 AFSL 240902

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

Name of trust account

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 that 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. SWITCHING 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.

Wholesale Investment Suite Fund	APIR Code	For Advance use only Trust Code – 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	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 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 Asian Shares Multi-Blend Fund	ADV0083AU	AWI-AEF	
Advance Cash Multi-Blend Fund	ADV0069AU	ARI-CHS	
Advance Asian Shares Multi-Blend Fund	ADV0083AU	AWI-AEF	
Advance Global Property Fund	ADV0135AU	AWI-GPR	




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 Part 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.

Part A – Acceptable primary ID documents

Cross X	Select ONE valid option from this section only
<input type="checkbox"/>	Certified copy of an Australian State/Territory driver's licence containing a photograph of the person.
<input type="checkbox"/>	Certified copy of an Australian passport (a passport that has expired within the preceding two years is acceptable).
<input type="checkbox"/>	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.
<input type="checkbox"/>	Certified copy of a foreign passport or similar travel document containing a photograph and the signature of the person.*

OR

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

Cross X	Select ONE valid option from this section
<input type="checkbox"/>	Certified copy of an Australian birth certificate
<input type="checkbox"/>	Certified copy of an Australian citizenship certificate
<input type="checkbox"/>	Certified copy of a Pension card issued by Centrelink
<input type="checkbox"/>	Certified copy of a Health card issued by Centrelink

AND

Cross X	ONE valid option from this section
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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).
<input type="checkbox"/>	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

Part C – Acceptable foreign ID documents

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

Cross X	BOTH documents from this section must be presented
<input type="checkbox"/>	Certified copy of a Foreign driver's licence* that contains a photograph of you and your date of birth.
<input type="checkbox"/>	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	<ul style="list-style-type: none"> > 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	<ul style="list-style-type: none"> > 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	<ul style="list-style-type: none"> > An Australian consular officer > An Australian diplomatic officer (within the meaning of the <i>Consular Fees Act 1985</i>)
Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none"> > An officer with two or more continuous years of service with one or more financial institutions (for the purposes of the <i>Statutory Declaration Regulations 1993</i>) > A finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the <i>Statutory Declaration Regulations 1993</i>) > 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

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 SECTION

Signature of Investor A, Director or Sole Trader

Date (dd/mm/yy)

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Signatory's full name (please print)

Director Sole Director/Sole Secretary/Sole Trader

Clubs/Associations/Unincorporated bodies: please indicate office title (please print)

Signature of Investor B or Director or Company Secretary

Date (dd/mm/yy)

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Signatory's full name (please print)

Director Company Secretary

Clubs/Associations/Unincorporated bodies: please indicate office title (please print)



