

Advance Alliance Wholesale Investment Suite

Direct Debit and Regular Savings Plan request

Advance Asset Management Limited ABN 98 002 538 329 AFSL 240902

ADVANCE
INVESTIGATE

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

- The PDS for the Advance Alliance Wholesale Investment Suite may be supplemented or replaced from time to time. Prior to completing this form, please ensure you have a copy of the current PDS and any supplementary material. For a copy of the most recent PDS (including any supplementary PDSs) visit advance.com.au.

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

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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)

/ /

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 would like to amend a Direct Debit Request. This authority replaces any previous request.
➤ Complete Sections 3 and 6
- I'm changing the amount to be deducted from my financial institution account on file. This request replaces any previous request.
➤ Complete Section 5 with the new amount next to the relevant fund name, then sign Section 6
- I'm starting a Regular Savings Plan.
➤ Complete all Sections of the form
- I'm changing only the fund allocation of my existing Regular Savings Plan. The total investment amount does not change.
➤ Complete Section 5 with the new fund allocations, then sign Section 6.
- I'm cancelling my Regular Savings Plan.
➤ Sign Section 6

3. DIRECT DEBIT REQUEST ACCOUNT DETAILS

Account holder(s) must complete this Section if you want us to debit your account with your financial institution.

The following financial institution will be debited for regular monthly contributions to your Regular Savings Plan and additional investments.

Cross [X] the relevant box.

- Debit financial institution account on file. (Only available where Direct Debit Request previously received).
- If setting up a Direct Debit Request or amending existing financial institution account details, give financial institution account details below.

Name of Australian financial institution

Branch name

BSB number

Account number

Account holder's name(s)

! ALL FINANCIAL INSTITUTION ACCOUNT SIGNATORIES MUST SIGN AND DATE BELOW.

DIRECT DEBIT AUTHORITY

By signing this Direct Debit Request, I/we authorise Advance Asset Management Limited ABN 98 002 538 329 (User ID 137244 ID:055389) to, until further notice, arrange for funds to be debited from the account at the financial institution identified above through the Bulk Electronic Clearing System. I/We acknowledge this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement found in the Product Disclosure Statement available at advance.com.au.

Where the investor is not the nominated bank account holder:

I/We consent to the investor(s) increasing amounts or making additional investments without further approval from me/us.

- If you **don't** agree with this declaration, please cross [X] the box

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 Account Holder A or company officer

Date (dd/mm/yy)

Signatory's full name (please print)

Company signatories must indicate their company title.

Director Sole Director and Sole Secretary

Signature of Account Holder B or company officer

Date (dd/mm/yy)

Signatory's full name (please print)

Company signatories must indicate their company title.

Director Company Secretary

4. REGULAR SAVINGS PLAN DETAILS

Which is the preferred day of the month for your contribution to be taken from your nominated account?

On or around: 5th 19th

What month do you want your Regular Savings Plan to start?

Note: if you don't indicate otherwise, your plan will commence on the 19th.

5. INVESTMENT DETAILS

Complete if you wish to start a Regular Savings Plan, change your existing fund allocation, or change the amount to be deducted from your financial institution account. A contribution fee is deducted from any amount invested.

Wholesale Investment suite fund	APIR code	For Advance use only	Specify the amount for your Regular Savings Plan ¹ and also complete Section 3
		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			\$

¹ A Contribution fee may be deducted from any amount invested

* Investments can only be made into these funds if there is an existing investment as this fund is closed to new investors.

6. 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 Wholesale Investment Suite Product Disclosure Statement (PDS) to which this Direct Debit and Regular Savings Plan request relates and I/we agree to be bound by the terms of this PDS and the terms of the relevant constitution(s), each as amended from time to time
- declare that all the details given in this Direct Debit and Regular Savings 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)

Please note that this form cannot be faxed. You can mail your completed form to:

 mail Advance Asset Management
GPO Box B87
Perth WA 6838

7. ADVISER USE ONLY

Adviser Number

A

Work phone number

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Mobile phone number

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname