

Direct Debit Regular Savings Plan 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**.
- > Investments can only be made into these Funds if there is an existing investment as these Funds are closed to new investors.
- > **Note:** Privacy laws protect your privacy. You can obtain a copy of our Privacy Policy from our website **advance.com.au**.

PLEASE NOTE THAT THIS FORM CANNOT BE FAXED OR EMAILED.

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)

<input type="text"/>		
<input type="text"/>		
<input type="text"/>		<input type="text"/>
State		Postcode
Country, if not Australia <input type="text"/>		

Postal address – if different from above

<input type="text"/>		
<input type="text"/>		
<input type="text"/>		<input type="text"/>
State		Postcode
Country, if not Australia <input type="text"/>		

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)

<input type="text"/>		
<input type="text"/>		
<input type="text"/>		<input type="text"/>
State		Postcode
Country, if not Australia <input type="text"/>		

Postal address – if different from above

<input type="text"/>		
<input type="text"/>		
<input type="text"/>		<input type="text"/>
State		Postcode
Country, if not Australia <input type="text"/>		

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.

<input type="checkbox"/> I would like to amend a Direct Debit Request. This authority replaces any previous request. ➤ Complete Sections 3 and 6
<input type="checkbox"/> 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
<input type="checkbox"/> I'm starting a Regular Savings Plan. ➤ Complete all sections of the form
<input type="checkbox"/> 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
<input type="checkbox"/> 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.

<input type="checkbox"/> Debit financial institution account on file. (Only available where Direct Debit Request previously received.)
<input type="checkbox"/> 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 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

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

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



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.

Investment Fund	APIR Code	For Advance use only Trust – Fund Code	Specify the amount for your Regular Savings Plan ¹ and also complete Section 3
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 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	\$
Advance Australian Equity Growth Fund	ADV0079AU	ARI-AEG	\$
Advance International Sharemarket Fund	ADV0014AU	ARI-ISH	\$
Advance Property Securities Fund	ADV0101AU	ARI-PRO	\$

¹ A Contribution fee may be deducted from any amount invested.



6. INVESTOR'S DECLARATION AND SIGNATURE

By signing this form I/we:

- > acknowledge that I/we have read and understood the current Advance Alliance Investment Funds Product Disclosure Statement(s) (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, including the privacy collection statement titled 'Protecting your privacy', 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.

ⓘ 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 Company Secretary

Date (dd/mm/yy)

Signatory's full name (please print)

Position (companies only)

Director Company Secretary

Clubs/Associations/Unincorporated bodies (indicate office title)

7. 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

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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