

### 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**.
- > The PDS for the Advance Investment Funds 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**. Please read the privacy collection statement, titled 'Protecting your privacy', in the PDS.

**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)

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)

#### 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](http://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.

Wholesale Investment Suite Fund	APIR Code	For Advance use only Trust Code Fund Code	Specify the amount for your Regular Savings Plan <sup>1</sup> and also complete Section 3
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 Asian Shares Multi-Blend Fund	ADV0083AU	AWI-AEF	\$
Advance Cash Multi-Blend Fund	ADV0069AU	ARI-CSH	\$
Advance International Sharemarket Fund*	ADV0047AU	AWI-ISH	\$
Advance Property Securities Fund*	ADV0052AU	AWI-PRO	\$
Advance Global Property Fund*	ADV0135AU	AWI-GPR	\$
<b>TOTAL</b>			\$

<sup>1</sup> 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 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.

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)

**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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