## Advance Investment Funds

Regular Withdrawal Plan Request

GUIDE TO COMPLETING THIS FORM

Advance Asset Management Limited ABN 98 002 538 329 AFSL 240902



# > 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. 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. **INVESTOR DETAILS Investor Number** 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 Postcode State Country, if not Australia

Investor B – Joint investors or trustees					
Title					
Mr Mrs Miss Ms Other					
Given name(s)					
Surname					
Surname					
Date of birth (dd/mm/yyyy)					
Phone number during business	hours				
Residential address/Registered office (PO Box <b>not</b> acceptable)					
222,233,113					
	Chata				
	State Postcode				
Country, if not Australia					
Postal address – if different from	m above				
	State Postcode				
Country, if not Australia					
Companies, associations or o					
Full name of company, associati	ion or other investor				
ABN (if applicable)					
A					
Account reference					
Where account is held on behalf	T OT OTNERS				



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### 2. REASON FOR COMPLETING THIS FORM

Cross [X] the relevant box.
l'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 Trust Code Fund Code	Specify the amount to be paid from each Fund
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 Defensive Yield Multi-Blend Fund	ADV0173AU	AWI-DAF	\$
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 Asian Shares Multi-Blend Fund	ADV0083AU	AWI-AEF	\$
Advance Property Securities Fund	ADV0052AU	AWI-PRO	\$
Advance Global Property Fund	ADV0135AU	AWI-GPR	\$



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### Signature of Investor A, Director or Sole Trader **PAYMENT ACCOUNT DETAILS** Date (dd/mm/yy) 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 Signatory's full name (please print) Branch name Position (companies only) Sole Director and Sole Secretary Director Clubs/Associations/Unincorporated bodies (indicate office title) RSR number Account number Account holder's name(s) Signature of Investor B, Director or Secretary Date (dd/mm/yy) 5. INVESTOR'S DECLARATION AND SIGNATURE Signatory's full name (please print) By signing this form: > I/we acknowledge that I/we have read and understood the current Advance Investment Funds Product Disclosure Statement(s) (PDS) Position (companies only) to which this Regular Withdrawal Plan Request relates and I/we Director Company Secretary agree to be bound by the terms of the PDS, including the privacy collection statement titled 'Protecting your privacy', and the relevant Clubs/Associations/Unincorporated bodies (indicate office title) 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. 6. ADVISER USE ONLY 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 Adviser number provide a certified copy of the original Power of Attorney, including the Α 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 Work phone number company secretary, must sign unless a sole director and sole secretary. ALL INVESTORS MUST SIGN AND DATE Mobile phone number THIS FORM WITH POSITIONS INDICATED IF A COMPANY. Title Mr Mrs Miss Ms Given name(s)

#### SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management GPO Box B87

Perth WA 6838

By Fax: 02 9274 5211

Please note: we cannot accept this form by fax if new bank account details are provided in Section 4.

FOR FURTHER ASSISTANCE CONTACT:

**CUSTOMER RELATIONS** 

1800 819 935

FAX 02 9274 5211

Surname

investorservices@advance.com.au

**INTERNET ADDRESS** 

advance.com.au





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