

2. REASON FOR COMPLETING THIS FORM

Cross [X] the relevant box.

- I'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	\$



4. PAYMENT ACCOUNT DETAILS

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

Branch name

BSB number

Account number

Account holder's name(s)

5. INVESTOR'S DECLARATION AND SIGNATURE

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 Regular Withdrawal Plan Request relates and I/we agree to be bound by the terms of 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 Regular Withdrawal 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 Secretary

Date (dd/mm/yy)

Signatory's full name (please print)

Position (companies only)

Director Company Secretary

Clubs/Associations/Unincorporated bodies (indicate office title)

6. 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

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

EMAIL ADDRESS

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au

ADVANCE

ASSET MANAGEMENT



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