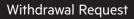
Advance Investment Funds



Advance Asset Management Limited ABN 98 002 538 329 AFSL 240902

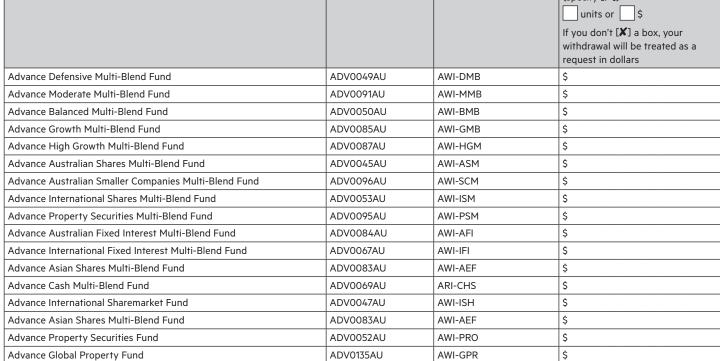


GUIDE TO COMPLETING THIS FORM	Investor B – Joint investors or trustees
> Complete this form using black pen – print in clear CAPITAL LETTERS .	Title
> Once completed, follow the instructions on the back page to return your form to Advance.	Mr Mrs Miss Ms Other
 Questions? Call our Customer Relations team on 1800 819 935 or email investorservices@advance.com.au. 	Given name(s)
> Please note you can make withdrawals on Investor <i>Online</i> if you have an Investor <i>Online</i> password. See advance.com.au for log-in instructions.	Surname
1. INVESTOR DETAILS	
Investor Number	Date of birth (dd/mm/yyyy)
C	
Investor A – Individuals, joint investors or trustees	Phone number during business hours
Title	
Mr Mrs Miss Ms Other	Residential address/Registered office (PO Box not acceptable)
Given name(s)	
Surname	State Postcode
Surialite	Country, if not Australia
	Postal address – if different from above
Date of birth (dd/mm/yyyy)	1
Phone number during business hours	
	State Postcode
Residential address/Registered office (PO Box not acceptable)	Country, if not Australia
	Companies, associations or other investors
	Full name of company, association or other investor
State Postcode	
Country, if not Australia	
Postal address – if different from above	Name of trust account
	Where account is held on behalf of others
State Postcode	
Country, if not Australia	



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2. WITHDRAWAL PAYMENT INSTRUCTIONS	3. BAN	K ACCOUNT DETAILS	
Cross [X] the relevant box.			e withdrawal proceeds paid
Pay to financial institution account on file.	directly into	o a bank account that diffe	ers from the one on file.
Pay to financial institution account in Section 3.	O ACC	COUNT MUST BE IN ESTOR AND NOT A	THE NAME OF THE THIRD PARTY.
Post a cheque to the mailing address on file.	Name of Au	ıstralian financial institutio	on
	BSB numbe		t number
4. SWITCHING DETAILS			
You must specify the Fund(s) you wish to withdraw from, togeth minimum withdrawal amount. If withdrawing in full, please write			wish to withdraw. There is n
If you wish to close your account entirely, please cross [X] h		am runu(3).	
Wholesale Investment Suite Fund	APIR Code	For Advance use only Trust Code – Fund Code	Specify the amount below for this withdrawal (specify [X]) units or \$ If you don't [X] a box, your withdrawal will be treated as request in dollars
Advance Defensive Multi-Blend Fund	ADV0049AU	AWI-DMB	\$
Advance Moderate Multi-Blend Fund	ADV0091AU	AWI-MMB	\$





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Under the Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006, Advance customers required to be identified must now complete Sections 6 and 7 of this form to confirm their identity prior to withdrawing cash from their Superannuation Account. Please note that your request may not be processed without this documentation being completed. I have completed Sections 6 and 7 and attached the required certified documents. OR I have provided identification documents to my financial adviser. Go to Section 8

6. IDENTIFICATION REQUIREMENTS IF YOU ARE NOT USING A FINANCIAL ADVISER

Please send us certified copies of documents that show your full name and **either** your date of birth **or** residential address.

- > Complete Part A to tell us what documents you are sending us.
- > If you cannot send us a certified copy of a document from Part A, then complete **either Part B or Part C**.
- > Contact us if you are unable to provide the required documents in Parts A, B or C.
- > **Do not send original documents, only certified copies.** Please refer to the 'How to certify your documents' section for more information.

Part A - Acceptable primary ID documents

Cross X	Select ONE valid option from this section only
	Certified copy of an Australian State/Territory driver's licence containing a photograph of the person.
	Certified copy of an Australian passport (a passport that has expired within the preceding two years is acceptable).
	Certified copy of a card issued under a State or Territory for the purpose of proving a person's age, containing a photograph of the person.
	Certified copy of a foreign passport or similar travel document containing a photograph and the signature of the person.*

OF

Part B - Acceptable secondary ID documents

Should only be completed if you do not send a certified copy of a document from Part A or Part C

Cross X	SS Select ONE valid option from this section	
	Certified copy of an Australian birth certificate	
	Certified copy of an Australian citizenship certificate	
	Certified copy of a Pension card issued by Centrelink	
	Certified copy of a Health card issued by Centrelink	

Cross X	ONE valid option from this section
	Certified copy of a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
	Certified copy of a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.
	Certified copy of a document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
	If under the age of 18, certified copy of a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school.

OR

Part C - Acceptable foreign ID documents

Should only be completed if you do not send a certified copy of a document from Parts A or B

Cross X	BOTH documents from this section must be presented
	Certified copy of a Foreign driver's licence* that contains a photograph of you and your date of birth.
	Certified copy of a National ID card* issued by a foreign government containing your photograph and your signature.

^{*} Documents that are written in a language that is **not** English must be accompanied by an English translation prepared by an accredited translator.



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7. HOW TO CERTIFY YOUR DOCUMENTS

A certified copy is a document that has been certified as a true copy of an original document.

To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (eg postal agent, Justice of the Peace). Sample wording is provided below.

I, [full name], as [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original [signature and date].

Who can certify copies of documents > A solicitor or barrister (that is, a person who is Legal enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described) > A judge of a court > A magistrate > A chief executive officer of a Commonwealth court > A registrar or deputy registrar of a court > A notary public ΙP > A Justice of the Peace Police > A police officer > A member of the Institute of Chartered Accountant Accountants in Australia, Certified Practising Accountants Australia or the National Institute of Accountants with two or more years of continuous membership Post office > An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public > A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public Diplomatic > An Australian consular officer service > An Australian diplomatic officer (within the meaning of the Consular Fees Act 1985) **Financial** > An officer with two or more continuous years of corporations service with one or more financial institutions (bank, (for the purposes of the Statutory Declaration Regulations 1993) building A finance company officer with two or more society, credit continuous years of service with one or more union) finance companies (for the purposes of the Statutory Declaration Regulations 1993) > An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees

8. INVESTOR'S DECLARATION AND SIGNATURE

By signing this form:

- > I/we acknowledge that I/we have read and understood the current Advance Alliance Investment Suite Product Disclosure Statement (PDS) to which this Withdrawal Request relates and I/we agree to be bound by 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 form 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.

THIS SECTION	DAIE
Signature of Investor A, Director or Sole Trader	
	Date (dd/mm/yy)
Signatory's full name (please print)	
Director Sole Director/Sole Secretary/Sole	Trader
Clubs/Associations/Unincorporated bodies: pleas (please print)	se indicate office title
Signature of Investor B or Director or Company Secretary	
	Date (dd/mm/yy)
Signatory's full name (please print)	
Director Company Secretary	
Clubs/Associations/Unincorporated bodies: pleas (please print)	se indicate office title



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9. ADVISER USE ONLY
Advance adviser number
A
Home phone number
Mobile phone number
Title
Mr Mrs Miss Ms Other
Given name(s)
Surname
Signature of adviser
Date (dd/mm/yy)

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

FOR FURTHER ASSISTANCE CONTACT: **CUSTOMER RELATIONS**

1800 819 935

FAX 02 9274 5211 **EMAIL ADDRESS**

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au





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