



## Step 2 – Withdrawal amount

Full withdrawal – please move to Step 3

**OR**

Partial withdrawal – please specify amount (must be more than \$2,000 across your account and \$200 per managed fund option)

in dollars: \$  and in words:

### Partial withdrawals only – investment options to be redeemed:

Asset code	APIR code	Investment option	% or \$ amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you do not select the investment options to be redeemed, your investments will be redeemed on the basis of any Standing Redemption Instruction you may have provided or otherwise on a pro-rata basis.

**Total**   
Must be a whole number and/or add up to 100%

## Step 3 – Withdrawal payment details

Please direct credit my account with a bank/financial institution

Details of bank/financial institution to be credited:

Your account name

Name of bank/financial institution

BSB  –  Account No.

If direct credit details are not supplied, are incorrect or incomplete, the payment will be issued to you by cheque and sent to the mailing address provided in Step 1.

**OR**

Please mail a cheque – a cheque will be issued in favour of the Account Holder(s) to the mailing address provided in Step 1

**Please note: Withdrawals cannot be paid to third parties either by way of cheque or direct credit and can only be made in favour of the Account Holder(s).**

## Step 4 – Investor declaration

- I/We authorise the Service Operator, IOOF Investment Management Limited, to process the instructions set out in this form.
- I/We declare that the information provided on this form is true and correct.
- I/We have read, understood and consent to the collection, use, storage and disclosure of my/our personal information as described in the relevant Offer Document and in the IOOF Group Privacy Policy.
- I/We release, discharge and agree to indemnify the Service Operator and any other related body corporate within the IOOF Group from and against any action, proceeding claims, losses, liabilities or costs arising from processing the instructions set out in this form.

### Note for Power of Attorney

If this form is signed under a Power of Attorney, please attach a certified copy of the Power of Attorney to this form. If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

### Note for corporate investors

This form must be signed either:

- under common seal; and/or
- by two directors or a director and the company secretary; or
- by the sole director (where applicable) who is also the sole company secretary.

### Joint investors

If the account is in joint names, both investors are required to sign below, unless instructions to accept one signature have previously been given in writing to IOOF.

Step 4 – Investor declaration (continued)

**Part A – INDIVIDUAL INVESTOR or JOINT INVESTORS**

**Signatory 1**

X

Full name

Full name input fields

Date

DD / MM / YYYY

**Signatory 2 (if applicable)**

X

Full name

Full name input fields

Date

DD / MM / YYYY

**Part B – CORPORATE INVESTOR, TRUST, SELF MANAGED SUPERANNUATION FUND, INCORPORATED/UNINCORPORATED CLUB/BODY or DECEASED ESTATE**

**Signatory 1**

X

Title e.g. Director/Sole Director/Company Secretary

Title input fields

Full name

Full name input fields

Date

DD / MM / YYYY

**Signatory 2**

X

Title e.g. Director/Sole Director/Company Secretary

Title input fields

Full name

Full name input fields

Date

DD / MM / YYYY

**Signatory 3 (for additional Trustees if applicable)**

X

Title (if applicable)

Title input fields

Full name

Full name input fields

Date

DD / MM / YYYY

**Signatory 4 (for additional Trustees if applicable)**

X

Title (if applicable)

Title input fields

Full name

Full name input fields

Date

DD / MM / YYYY

**Common seal of company (if required)**

Common seal of company input area

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Enquiries: 1800 062 963  
Facsimile: 1800 558 539  
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