



IOOF PURSUIT

30 November 2019

Withdrawal Form

Please complete this form if you wish to make a partial or full withdrawal from the following products:

- Pursuit Select Investment Service
- Pursuit Focus Investment Service

Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where appropriate.

Step 1: Investor details

Account number

Part A – Individual Investor or Joint Investors

Investor 1

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Mailing address

Suburb State Postcode

Phone (home) Phone (work)

Mobile

Email

Date of birth / /

Investor 2 (for Joint Investors only, if applicable)

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Mailing address

Suburb State Postcode

Phone (home) Phone (work)

Mobile

Email

Date of birth / /

Part B – Corporate Investor (including Corporate Trustee), Trust (Individual Trustee(s)), Incorporated/Unincorporated Club/Body, Self Managed Superannuation Fund, Deceased Estate

Name of Entity/Company/Corporate Trustee [grid]
Name of Trust [grid]

Name of Contact Person

Title (Dr/Mr/Mrs/Ms/Miss) [grid] Surname [grid]
Given name(s) [grid]
Mailing address [grid]
Suburb [grid] State [grid] Postcode [grid]
Phone (home) [grid] Phone (work) [grid]
Mobile [grid]
Email [grid]
Date of birth [grid] / [grid] / [grid]

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 \$ [grid] and in words: [grid]

Partial withdrawals only – investment options to be redeemed:

Asset code	APIR Code	Investment option	% or \$ amount
[grid]	[grid]	[grid]	[grid]
[grid]	[grid]	[grid]	[grid]
[grid]	[grid]	[grid]	[grid]
[grid]	[grid]	[grid]	[grid]
Total			[grid]

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

If you do not select the investment options to be redeemed, your investments will be redeemed on the basis of your existing nominated Cash Account Top Up method.

Step 3: Withdrawal payment details

Please direct credit my account with a bank/financial institution

Details of bank/financial institution to be credited. The account must be held solely or jointly in your name.

Your account name																																
Name of bank/ financial institution																																
BSB				-				Account number																								

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

Important note: The Service Operator collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the Service Operator’s privacy policy, available at www.ioof.com.au/privacy.

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I understand that all investment options will be converted to cash prior to transferring out of my account.

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.

Part A – Individual Investor or Joint Investors

Signatory 1		Date	□□	/	□□	/	□□□□
Full name							
Signatory 2 (if applicable)		Date	□□	/	□□	/	□□□□
Full name							

Part B – Corporate Investor, Trust, Self Managed Superannuation Fund, Incorporated/ Unincorporated Club/Body or Deceased Estate

Signatory 1		Date	□□	/	□□	/	□□□□
Title (such as Director/Sole Director/ Company Secretary/Trustee)							
Full name							
Signatory 2		Date	□□	/	□□	/	□□□□
Title (such as Director/Sole Director/ Company Secretary/Trustee)							
Full name							
Signatory 3 (for additional Trustees if applicable)		Date	□□	/	□□	/	□□□□
Title (if applicable)							
Full name							
Signatory 4 (for additional Trustees if applicable)		Date	□□	/	□□	/	□□□□
Title (if applicable)							
Full name							
Common seal (of company) if required							

Please sign and return this form to:

Post IOOF Pursuit, GPO Box 264 Melbourne VIC 3001
Telephone 1800 913 118
Email clientfirst@ioof.com.au
Web www.ioof.com.au
Service Operator IOOF Investment Services Ltd ABN 80 007 350 405, AFSL 230703