

# Withdrawal Request Form

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS FORM



Issued by Fidante Partners Limited (ABN 94 002 835 592, AFSL 234668) and Fidante Partners Services Limited (ABN 44 119 605 373, AFSL 320505).

## Contact details

Mail your completed form to:

Fidante Partners

Reply Paid 86049

Sydney NSW 2001 (no stamp required)

If you have any questions regarding this form, please contact our Investor Services Team on 13 51 53.

## 1 Investor details

Existing Account name

Existing Account number

## 2 Withdrawal details (select only one option)

Fund name

Please indicate (X) if this is a full or partial withdrawal.

Full withdrawal



Please proceed to **section 3**.

Partial withdrawal



Please indicate dollar value or units to be withdrawn.

Dollar value (\$)

or

Units

## 3 Payment instructions

Please indicate (X) how you wish to receive your payment by selecting one of the following:

Direct credit → to the account we have on file or to the account in **section 4**.

Cheque → payable to investor(s) and mailed to the address on file.

Cheque → payable to third party - please provide details below.

Payee Name

c/- (if applicable)

Street name and number

Suburb

State

Postcode

Country

## 4 Account details

Complete this section if you wish to change your bank account details to which we pay withdrawal. To change bank account details, we must receive the original, signed request and will not accept new bank account details via fax, telephone or email. Providing your new account details in this section overrides any previous bank account details provided. Any account nominated must be an accessible account with an Australian financial institution.

Financial institution

Branch

Account name

Branch number (BSB)

Account number

## 5 Signature(s)

This form must be signed in accordance with the current signing instructions on file. Where signing under Power of Attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the Power of Attorney, including the appointed Power of Attorney's signature, must be lodged with this form if it has not previously been supplied.

### Investor 1

Signature

Date

Surname

Given name(s)

Capacity

Sole Director

Director

Secretary (company investors only)

### Investor 2

Signature

Date

Surname

Given name(s)

Capacity

Director

Secretary (company investors only)

The personal information we collect on this form will be used to update your personal information and/or process your request. This information may be disclosed to other members of Challenger Limited and its related bodies corporate, service providers who do things on our behalf (e.g. mailing house) or to other third parties where it is required or allowed by law or where you have otherwise consented. You can access the personal information we have collected, if we have retained it, by calling us on 13 51 53.