

# Investment Withdrawal Request Form

## Investment Bond

Please PRINT clearly in BLACK or BLUE pen keeping well within the boxes. Use crosses in the boxes marked with an "X".

### 1. Investor(s) details

Title  Mr  Mrs  Ms  Miss Date of birth   /   /

Surname

Given name(s)

Residential address (not a PO Box)

Suburb  State    Postcode

Country (if not Australia)

Phone  Mobile

Email

### 2. Investment details

Account number             Commencement date   /   /

Full Withdrawal  
If you are making a full withdrawal, please provide your original Certificate of Membership by post or alternatively, should this no longer be in your possession, please complete the Statutory Declaration on the last page.  
(Interim rate of interest will apply if an investment option is fully withdrawn prior to bonus declaration)  
To view your investment interim rate please view online at [australianunity.com.au/investment-bonds-performance](http://australianunity.com.au/investment-bonds-performance)

Partial Withdrawal (minimum amount \$500)  
Amount required \$  ,    ,    .

### 3. Financial institution account details

Bank name  Branch

Branch number (BSB)    -    Account number

Account name

### Important information about your withdrawal

We care about keeping your account safe so there are circumstances where we will need to contact you and verify your details before releasing your payment. These circumstances may include:

- The bank account you've nominated is different to the bank account recorded on your file
- Your signature doesn't match the signature recorded on your file
- We need to verify other details relating to your request.

### 4. Reason for Withdrawal

To help us better understand our customer's needs, we ask that you please indicate your reasons for withdrawal below.

Purchase property/car  Investment has reached maturity  Payment of a debt

Other purchase  Income support/living expenses  Investing elsewhere – please specify:

## 5. Notes

- If you are under 16 years of age, both parents or guardians are required to sign and identification is required.
- Minimum remaining balance is \$1,000 to keep your investment open. If your withdrawal takes your Plan below the minimum balance, we may treat your withdrawal request as a full withdrawal and credit you the full balance and close your Plan.
- For security reasons no third party bank credits will be issued.

## 6. Declaration and Signature(s)

In consideration of payment of the part of my Investment(s) specified in this request, I confirm that I waive all rights to further claims of the benefit of the part(s) of the Investments I am withdrawing.

Investor 1 signature

Print name

Date   /

Investor 2 signature

Print name

Date   /



### Return by email

[investments@australianunity.com.au](mailto:investments@australianunity.com.au)



### Post

Send completed form together with relevant identification documents.

#### Within Australia

Australian Unity – Investment Bonds  
Reply Paid 91914  
Melbourne VIC 3000  
*(No stamp required if mailed  
within Australia)*

#### Outside Australia

Australian Unity  
GPO Box 4397  
Melbourne VIC 3001

### Contact us

#### Investor Services

**1300 1300 38**

[australianunity.com.au/wealth](http://australianunity.com.au/wealth)

## 6. Statutory Declaration

Applies to Australian Unity Investment Bonds, Australian Unity Education Savings Plan, Australian Unity Grand Bonds Assurance Fund policies only

Please complete this section only if you do not have the original Certificate of Membership.  
Please use BLOCK letters and a black or blue pen.

Insert the name, address and occupation (or alternatively, unemployed or retired or child) of person making the statutory declaration.

I, ..... I, .....  
.....  
.....  
.....

do solemnly and sincerely declare that:  
To the best of my knowledge and belief the said Certificate of Membership has been lost. A proper search and diligent enquiries have been made to locate the said Certificate of Membership, however, no trace of it can be found.  
I make this solemn declaration by virtue of the *Statutory Declaration Act 1959* law applying to the provisions and execution of a statutory declaration in the State/Territory in which this document is executed as amended and subject to the penalties provided in that Act legislation for the making of false statements in the statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

Signature of person making the declaration

X ..... X .....

Place (city, town or suburb)

Declared at ..... Declared at .....

Date

On ..... On .....

Name of authorised statutory declaration witness

Before me ..... Before me .....  
I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:  
I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:

Signature of authorised statutory declaration witness

X ..... X .....

Date

On ..... On .....

Name & capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)

.....  
.....  
.....

**Note:** A person who wilfully makes a false statement in a statutory declaration under the Statutory Declaration Act 1959 legislation of the State/territory in which it is executed and can be found guilty of an offence against this Act under that legislation, the punishment for which can be a fine or imprisonment for a term.