

Withdrawal form

ClearView Managed Investments and ClearView Savings Bond

Use this form to withdraw from your account.

Please provide original certified identification if this is your first withdrawal from your account or if the identification we hold for you has since expired.

Please complete this form using **black ink** and print clearly within the boxes in **CAPITAL LETTERS**.

Start at the left of each answer space and leave a gap between words. Please **CROSS X** appropriate answer boxes. Fields marked with an asterisk (*) must be completed in order for us to action your request.

A. Investor and Joint Investor details

My ClearView Managed Investments account, or

My ClearView Savings Bond account

*My account number / (e.g. TSAV / 100000)

*My account number / (e.g. TINV / 100000)

*Title (Investor)

Mr Mrs Ms Miss Dr Other

*Gender

Male Female

*Date of birth

*Given name(s)

*Surname

*Title (Joint Investor)

Mr Mrs Ms Miss Dr Other

*Gender

Male Female

*Date of birth

*Given name(s)

*Surname

*Account name (for Company, Trusts or Partnerships)

B. Withdrawal instructions

The total minimum withdrawal across all investment options must be \$500. I/We request and authorise ClearView Financial Management Limited and/or ClearView Life Assurance Limited, as applicable, to withdraw from my/our account the amount(s) indicated below.

Full or Partial Withdrawal	From investment option
<input type="checkbox"/> Full withdrawal <input type="checkbox"/> Partial withdrawal \$ <input type="text"/> . <input type="text"/>	
<input type="checkbox"/> Full withdrawal <input type="checkbox"/> Partial withdrawal \$ <input type="text"/> . <input type="text"/>	
<input type="checkbox"/> Full withdrawal <input type="checkbox"/> Partial withdrawal \$ <input type="text"/> . <input type="text"/>	
<input type="checkbox"/> Full withdrawal <input type="checkbox"/> Partial withdrawal \$ <input type="text"/> . <input type="text"/>	

C. Payment details

Please select how you wish to receive your withdrawal funds below. We will not pay withdrawal funds to a 3rd party.

Deposit into bank account - please provide details of your bank account to which you want your withdrawal funds to be paid.

Nominated bank account details

Name of Australian financial institution

Address of Australian financial institution

Name of account

BSB number

Account number

Cheque (to be posted to investor(s))

Cheque will be in favour of the investor(s) and will be to be mailed to the address provided below:

Street number and name OR PO Box

Suburb

State

Postcode

*Country (if other than Australia)

D. Declaration and Authorisation

I/ We authorise ClearView Financial Management Limited and/ or ClearView Life Assurance Limited (as applicable) to process my/ our withdrawal request in accordance with my/ our instructions in this Application for Withdrawal Form.

I/ We acknowledge and declare that:

- if I/we do not provide all required information, my/our request will not be actioned;
- this request will be deemed to be received and will be actioned on the day ClearView receives all required information;
- I/ We understand that incorrect details may result in a loss of withdrawal funds and we do not guarantee their recovery and we do not accept liability for funds unable to be recovered;
- all the details given in this form are true and correct;
- I/ we understand that my/ our withdrawal funds will be paid to me/ us in Australian dollars only;
- I/ we understand that my/ our withdrawal request in accordance with my/ our instructions in this Application for Withdrawal Form is subject to the clearance of investment funds;
- I/ we understand that a full withdrawal request will automatically cancel my/ our Regular Savings Plan and/ or Fixed Payment Plan (if applicable); and
- if signing under a power of attorney, I/we verify that, at the time of signing, I/we have not received a notice of revocation of that power.

We are committed to handling your personal information and sensitive information in a secure manner and in accordance with the Privacy Act 1988 (Cth). For a copy of our Information Handling Policy, please visit www.clearview.com.au.

If there is more than one investor, all investors must sign (unless you have previously indicated that only certain signatures were required). Where a company/corporate trustee is an investor, please ensure that this Application for Withdrawal Form is signed by: (a) two directors; or (b) a director and a company secretary; or (c) the sole director and sole company secretary.

Full name (print clearly in block letters)

Type of investor

- Individual Joint investor 1 Director 1 Sole director and sole company secretary
 Trustee 1 Power of Attorney

Signature of Investor

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full name (print clearly in block letters)

Type of investor

- Joint investor 2 Director 2 Trustee 2 Power of Attorney

Signature of joint investor

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Sending your Form

Please send the form to us via email or mail.

Mailing address:

ClearView Wealth

Reply Paid 4232

Sydney NSW 2001

Email address:

client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.