

## Wealth Plus Withdrawal Form

Please download and save this form prior to completing online. Please use **CAPITAL** letters if handwriting.

We recommend you read and retain the current Wealth Plus Product Disclosure Statement prior to completing this form.

### Part 1: Policy Owner Details

Member Number:

Title:  Mr  Mrs  Ms  Miss Other:

First Name:  Middle Name:

Last Name:

Date of Birth:

Street Address:

Suburb:

State:    Postcode:

Country:   
 (If other than Australia)

Email:  Contact Number:

### Part 2: Withdrawal Details

Please indicate one of the following options.

I wish to:

Make a **FULL** withdrawal of my investment (proceed to Part 3).

**OR**

Make a **PARTIAL** withdrawal of my investment (please specify details below).

Policy Number:

Investment Option	Percentage (%)	Amount (\$)
Capital Guaranteed	<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"/>
Balanced Fund	<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"/>
Growth Fund	<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"/>
High Growth Fund	<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"/>

**OR**

*A minimum balance of \$500 is required in each investment option chosen to keep the policy open.*

### Part 3. Payment Details

Bank Name:

Account Holder Name:

Branch (BSB) No:

Account No:

### Part 4. Investor Signature(s) and Required Documentation

#### I/We note:

- This form should be signed by the Policy Owner.
- For Joint Policy Owners, all Policy Owners must sign.
- If signed under power of attorney, the attorney certifies they have not received notice of revocation of the power of attorney and will provide a certified copy of power of attorney along with this form, if not previously provided to Foresters Financial.
- Earnings on withdrawals within ten years of commencement may be assessable for personal income tax. We recommend you obtain independent professional advice from a licensed financial adviser and/or tax adviser before withdrawing.
- Third party payments cannot be issued.

Please ensure to forward a copy of your identification (ie. Driver's licence or passport) with this withdrawal application for verification purposes.

#### Signature of Investor 1

Full name of Investor 1

Date:

#### Signature of Investor 2 (if applicable)

Full name of Investor 2 (if applicable)

Date:

#### RETURN BY EMAIL

Ensure to include identification documents where relevant to:

**[service@forestersfinancial.com.au](mailto:service@forestersfinancial.com.au)**

OR

#### RETURN BY POST

Ensure to include identification documents where relevant to:

**PO Box 7702**

**Melbourne VIC 3004**

#### OFFICE USE ONLY

Actioned by:

Date:

Our privacy policy covers how we handle your personal information and is available at [www.forestersfinancial.com.au/privacy](http://www.forestersfinancial.com.au/privacy) or by calling us on 1800 773 427.