

Investment Withdrawal Application Form

I/We (full name) request Foresters Financial make the following withdrawal from my Investment Fund as detailed below.

Part 1: Policy Holder Details

Member Number:

Policy Number:

Fund Name:

Title: Mr Mrs Ms Miss

Date of birth:

First name:

Middle name:

Last name:

Street address:

Suburb:

State:

Postal code:

Country:

(If other than Australia)

Phone Number:

Part 2: Withdrawal Details

Withdrawal Amount: \$

OR Full Withdrawal: \$

Part 3: Payment Details

Bank Name:

Branch (BSB) No:

Name of Policy Holder 1:

Signature of Policy Holder 1:

Date:

Account Holder Name:

Account No:

Name of Policy Holder 2:

Signature of Policy Holder 2 (if joint policy):

Date:

Part 4: Required Documents

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

NOTE:

1. Earnings on withdrawals within ten years of commencement may be assessable for personal income tax. In such circumstances you should seek the opinion of your tax adviser.
2. If this is a joint membership, both members must sign before release of any funds.
3. Third party payments cannot be issued.

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 or by calling us on 1800 645 326.