

Wealth Plus Withdrawal Form

Please use **CAPITAL** letters. 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:

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 (\$) |
|---|--------------------|---|---|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 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"/> <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Ethical Fund | <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. Policy Owner 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 Policy Owner 1

Full name of Policy Owner 1

Date:

Signature of Policy Owner 2 (if applicable)

Full name of Policy Owner 2 (if applicable)

Date:

RETURN BY EMAIL

Ensure to include identification documents where relevant to:
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 or by calling us on 1800 773 427.