

# INVESTMENT BOND

## Withdrawal Form

FORESTERS  
FINANCIAL



Please use CAPITAL letters. We recommend you read and retain the current Investment Bond 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

Birth Date

Street Address

Suburb  State  Postcode

Telephone (Day)  Mobile

Email

### 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 Options	Percentage (%)	Amount (\$)
<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"/>	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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

### Part 3: Payment Details

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Account Holder Name

Bank

BSB Number (Must be 6 Digits)  Account Number

### Part 4. Policy Owner Signature(s) and Required Documentation

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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 Details

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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 contacting us

ForestersFinancial.com.au

Freecall 1800 645 326

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

PO Box 7702, Melbourne, VIC 3004.

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