Withdrawal form

Use this form to:

- set up a regular withdrawal plan on your investment account, and/or
- make a partial or full withdrawal from your investment account.

Note: If you've previously registered for EasyDraw and we have your bank account details, you don't need to complete this form. You can provide us with your withdrawal instruction as follows:

- via your online account. Go to **amp.com.au** to log in.
- from your previously nominated email address, or
- by phone.

Please print in CAPITAL LETTERS and place a cross ✗ in any applicable boxes.

1. Investor details

Investment account number

Title

Date of birth D D M M Y Y Y Y

Surname

Given name(s)

1. Investor details continued

Residential address

Suburb

State

Postcode

Contact phone number

Mobile number

Email address

2. Withdrawal options

Regular withdrawal plan

The regular withdrawal plan feature allows you to nominate a regular payment amount from your investment directly into your nominated bank account. You can choose to receive this amount monthly (around the 23rd of each month) or at distribution time.

A minimum payment amount of $100 applies.

To select this feature, enter the option name, amount and frequency for each option in the table below:

Investment option name	Code	Regular withdrawal amount ($ or%)[1]	How often would you like to be paid?	
			☐ Monthly	☐ At distribution time
			☐ Monthly	☐ At distribution time
			☐ Monthly	☐ At distribution time
			☐ Monthly	☐ At distribution time
			☐ Monthly	☐ At distribution time
			☐ Monthly	☐ At distribution time
			☐ Monthly	☐ At distribution time
			☐ Monthly	☐ At distribution time
			☐ Monthly	☐ At distribution time

1 Minimum is $100, or between 0.1% and 5.00%.

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2. Withdrawal options continued

Partial or full withdrawal

Please write the investment options and amounts to be withdrawn from your account in the table below.

If you want to withdraw the full amount from an investment option, please write 'All' in the 'withdrawal amount' column.

Note: A minimum withdrawal amount of $500 applies and a minimum account balance of $1,000 must be maintained.

Investment option name	Code	Withdrawal amount
		$
		$
		$
		$
		$
		$
		$
	Total	$ **0.00**

3. Payment method

Please select how you'd like to receive your partial or full withdrawal amount:

☐ Pay my withdrawal amount to the existing nominated bank account that I have with AMP.

☐ Pay my withdrawal amount to the bank account provided below:

Account holder name(s)

Financial institution name

Financial institution address

BSB number | Account number

☐ Cross this box if you'd like to replace your existing nominated bank account (held with us) with the new bank account details you've provided above.

4. Withdrawal reason

To help us improve our service, please tell us why you're making a withdrawal (you can select more than one option):

☐ To pay for a house/holiday/children's education etc.

☐ To pay for day-to-day living expenses.

☐ Moving funds to a super product.

☐ Not enough investment option choices.

☐ Disappointed with AMP customer service.

☐ Disappointed with fund performance.

☐ To purchase another financial product. Please tell us the name of the product:

☐ Other, please specify:

5. Agreement and delaration

I declare that:

- I've received and been given the opportunity to read the current Flexible Lifetime –Investments **product disclosure statement** (**PDS**).
- I want to apply to set up a regular withdrawal plan and/or make a withdrawal from the investment option(s) comprising Flexible Lifetime – Investments in accordance with the current **PDS** and agree to be bound by the terms of the Constitution(s) (as amended) and the current **PDS**.

If you're signing as a trustee

I agree that at the time of signing this form, I'm authorised under the relevant trust deed to apply and to do all things necessary as a result of becoming a unitholder.

If you're signing under Power of Attorney

I confirm that at the time of signing this form, I hadn't received notice of revocation of that Power of Attorney. In the event that a certified copy of the Power of Attorney hasn't been previously provided, I must submit this with this completed form.

Consent to online verification of identification documents

As part of your request, we may need to verify your identification documents online.

This may include:

- checking your identity against personal information held by a credit bureau, and
- checking your identification information with the issuer or official record holder of the identification you provide.

☐ I consent (cross this box) to my identification documentation being used to carry out the identification checks described above.

If signed under a Power of Attorney:

You need to submit a notice of non-revocation letter and provide a certified copy of the Power of Attorney to us.

Investor A/Company Director/Sole Director/Power of Attorney

X

Date

D D M M Y Y Y Y

Investor B/ Company Director/Secretary

X

Date

D D M M Y Y Y Y

Where to send this form

Mail (no stamp required) or email this completed form to:

Flexible Lifetime – Investments
Reply Paid 79281
PARRAMATTA NSW 2124

trustinfo@amp.com.au

Any questions?
133 267

Office/Adviser use only

Client number

Request ID

Adviser ID

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