



Section 1 Investor details

<input type="text"/>		<input type="text" value="TA"/>	
Name of investor(s)		Investor number	
<input type="text" value="()"/>			
Contact phone number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number and name	Town/Suburb	State	Postcode

Section 2 Name of fund which request relates to

Please complete a separate withdrawal form for each withdrawal request. AXA Australia will confirm the transaction details once the withdrawal of units has been completed.

Section 3 Withdrawal amount

Please complete either section 3A or 3B

Section 3A

Amount to be withdrawn

OR Section 3B

Number of units to be withdrawn

Section 4 Payment

Payment is to be (please tick applicable box):

Unless you advise us otherwise a cheque made payable to the investor(s) will be sent to the system address.

Paid to the Australian bank or financial institution below (if you select this option you must provide account details below)

<input type="text"/>	<input type="text"/>
Bank/financial institution	Account name

Branch name

<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"/>
BSB number				Account number															

 Please draw a cheque payable to

Section 5 Investor(s) signature(s)

I acknowledge and agree to the maximum extent permitted by law to release discharge and indemnify the responsible entity from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of the instructions given in this withdrawal form.

I/We acknowledge that this withdrawal request is subject to the terms and conditions set out in the current Product Disclosure Statements (PDS) for the relevant Fund from which the units are being withdrawn (or, in the case of a Fund where there is no current PDS, the terms and conditions which are so far as is practicable, the same as the terms and conditions as set out in the last offer document of that Fund) and the constitution of those Funds as amended at the time of the withdrawal.

Please sign Section 5 on page 2.

Section 5 Investor(s) signature(s) (continued)

Individuals only (investor or attorneys)

If the investment is registered in the name of joint investors, each investor must sign unless you authorised 'any' investor to sign in the 'account operating instructions for joint accounts' option in the original application form.

Trustees for a partnership, superannuation fund or person under the age of 18 years must sign.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature			Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print name		Telephone number	

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature			Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print name		Telephone number	

Companies only

This documents was executed in accordance with the company's constitution and the Corporations Law.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature			Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print name		Telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office held (eg director/secretary/attorney)		Contact telephone number	

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature			Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print name		Telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office held (eg director/secretary/attorney)		Contact telephone number	

Section 6 Important information

Please complete this withdrawal form and send/fax it to:

AXA Australia
PO Box 14330
MELBOURNE VIC 8001
Fax No. (03) 8688 5789