



# Withdrawal Form

## MLC Wholesale Inflation Plus portfolios

Before completing this form you should check you have read the latest up to date information for the MLC Wholesale Inflation Plus portfolios (Portfolios), by ensuring you have the current Product Disclosure Statement (PDS), Product Guide or any website updates for the Portfolio(s). A copy of the PDS, Product Guide and any website updates are available free of charge from [www.mlcinvestmenttrust.com.au](http://www.mlcinvestmenttrust.com.au) or from your financial adviser.

### 1. Investor details

Investor number

#### 1A. Investor 1 – Individual / Joint investor 1 / Sole trader / Individual trustee 1

Title

Full given name(s)

Surname

#### 1B. Investor 2 – Joint investor 2 / Individual trustee 2

Title

Full given name(s)

Surname

#### 1C. Companies / Associations / Trusts / Superannuation funds / Partnerships / Government bodies / Registered co-operatives

Name

Account designation

Contact person name\*

Contact person phone

Contact person email

\* Please provide details of the person we should contact regarding this form.

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## 2. Withdrawal details

Please indicate if you wish to withdraw the full amount by writing ALL in the units column OR alternatively specify the dollar amount OR number of units you wish to withdraw (all withdrawals will be made in Australian dollars).

	Amount (A\$)	No. of units
MLC Wholesale Inflation Plus – Conservative Portfolio	<input type="text" value="A\$"/>	<input type="text"/>
MLC Wholesale Inflation Plus – Moderate Portfolio	<input type="text" value="A\$"/>	<input type="text"/>
MLC Wholesale Inflation Plus – Assertive Portfolio	<input type="text" value="A\$"/>	<input type="text"/>

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## 3. Payment instructions<sup>#</sup>

Please credit my/our financial institution account (NB. we do not pay to third parties or by cheque) and use the details you hold in my/our records OR to the following:

Name of Australian bank or financial institution   
Branch

Name in which the account is held\*

BSB number  Account number

<sup>#</sup> All payments and transactions by the Portfolio(s) are in Australian dollars. Payments into non Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non Australian resident investors should seek advice from their banking institution.

\* The name must be the same as the investor's name. For joint investors, it must be a joint account.

## 4. Declaration and signatures

By signing this form I/we acknowledge that I/we have read and understood the current and relevant PDS and Product Guide to which this form relates and I/we agree to be bound by the relevant PDS, the Product Guide and the Constitution, each as replaced, supplemented or updated from time to time. I/ We declare that all the details provided on this form are true and correct.

**If this form is signed under a power of attorney, the attorney declares that he /she has not received notice of revocation of that power. A certified copy of the Power of Attorney and FSC individuals identification form (listed under 'Guidance Note No. 24' on FSC website [www.fsc.org.au/standards-guidance/financial-services-council-guidance-notes.aspx](http://www.fsc.org.au/standards-guidance/financial-services-council-guidance-notes.aspx)) for the attorney should be submitted with this form unless MLC Investments Limited has already sighted it.**

Investor 1       Individual trustee 1  
 Attorney 1#       Partner 1  
 Sole director\*       Director 1\*  
 Authorised signatory\*†

Name

Investor 2       Individual trustee 2  
 Attorney 2#       Partner 2  
 Secretary\*       Director 2\*  
 Authorised signatory\*†

Name

Signature

X

Date (DD/MM/YY)

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Signature

X

Date (DD/MM/YY)

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\* For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.

† An **Authorised Signatory List** must have been previously provided by the organisation.

# Attorney's signature(s) must be witnessed below.

### Signature of witness to Attorney 1

(Witness must be third party, ie not investor or attorney)  
I declare I have witnessed the signature of the named attorney

Witness name

Date (DD/MM/YY)

X

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Address

Street address

Suburb      Postcode      State

### Signature of witness to Attorney 2

(Witness must be third party, ie not investor or attorney)  
I declare I have witnessed the signature of the named attorney

Witness name

Date (DD/MM/YY)

X

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Address

Street address

Suburb      Postcode      State

Please return your completed form to: National Australia Bank, Attn: Registry Services, GPO Box 1406, Melbourne, VIC 3001, or fax to 1300 365 601. If you have any questions, please contact Registry Services on **1300 761 354**.