## The Public Trustee



INVESTMENT WITTIDIAWALTOKW

	ł	Please co	mplete this to	orm in BLC	JCK le	tters with a black	pen	since 1916		
1. CLIENT NUMBER What is your Client Number?										
2. ACCOUN	T NAME									
Individual	Title (eg: Mr/Mrs/Ms)			Surr	name					
Investor (1)	Given Names									
Individual Investor (2) - if joint	Title (eg: Mr/Mrs/Ms)		Surname							
	Given Names									
Other	Investment Name									
Investors	Contact Person									
3. CONTAC	T DETAILS									
	Postal Address		Street / PO							
Postal /		iress	Suburb State Postcode							
	Telephone		Daytime ( ) Mobile							
4. WITHDRA		NS 5. PAYMENT INSTRU				STRUCTION	S			
The minimum withdrawal amount is \$1,000, or th your investment if the value of your investment is \$1,000.						Please direct my/our withdrawal as follows: Deposit into my/our <u>previously nominated</u> Financial Institution account OR				
Write the dolla	r amount, or	drawal, write "Balance".			Deposit into my/our Financial Institution as follows:					
Fund (or "B			<b>\$ Amount</b> Balance" if full withdrawal)			Name of Bank				
PTIF Growth						Bank Suburb				
PT Cash A/c (At Call)						BSB No				
			Account No.							
				(Account No. is numeric on			nly)			
					Account Name (eg B.Goode)					
Note: Your Australian Financial Institution Account (AFIA) must be verified before your withdrawal will be accepted. If you have not already done so please supply an AFI Statement of Account or letter containing the logo of your AFI, your name and the account and account number. All copies must be certified unless original. Please blank out account balances and transactions										
6. SIGNATURE(S) OF INVESTOR(S)										
Date: / /						Date: / /				
Signature 1		Date. 7 7			Signature 2		Date.	<u>, ,</u>		
Other than Individuals: position eg Director, Treasurer       Other than Individuals: position eg Director, Treasurer										
IMPORTANT NOTICE Withdrawals cannot be processed until all necessary documentation is completed. Withdrawals from funds must be signed by the Authorised Investor according to the Application Form. If signed under <b>Power of Attorney</b> , the attorney hereby certifies that he/she has not received notice of revocation of that power (the power or a certified copy is required to be forwarded for notation). Withdrawals by companies must be executed under seal or by an authorised officer of the company or under a power of attorney. The Public Trustee has implemented the Queensland Government Privacy Scheme for the collection, storage, use and disclosure of personal information. Details of the Queensland Government Privacy Scheme are available on our website www.pt.qld.gov.au/legal/privacy.htm or from any office of The Public Trustee of Queensland. <b>Company Seal</b>									<sup>y</sup> Seal	
7. INTERNAL USE ONLY										
Trust Officer Use Only Received Date:Time:						Investment Services Use Only CIF verified AFIA verified cash a/c balance \$				
	··									
Client signature		- 1	atura	e	entered in CIMS by:		signature	position ID	date	
verified by:	nonitie	signature / / position ID date			authorise	ed in CIMS by:	signatura	position ID	/ / data	
PEP Verifie			t and Taxation S		signature	9	signature	position ID date	date	