

# Withdrawal form

Use this form to withdraw funds from your ClearView Managed Investment or ClearView Savings Bond account.

**Please complete all sections of this form.**

Please complete this form using **black ink** and print clearly within the boxes in **CAPITAL LETTERS**.

Before your withdrawal can be processed we are required by law to confirm your identity. If you have previously provided certified identification, then you don't need to do this again. If you haven't then you will need to provide us with original certified identification. We can accept original certified identification from your listed email address on your ClearView account or via mail.

**Note:** If you are not an individual or joint investor further identification will be required, please contact our Service Centre on **132 977** for further information.

## A. Investor and Joint investor details

My account number  /  (e.g. TINV / 990000)

### Investor details

Given name(s)

Surname

Date of birth

Contact phone number

### Joint investor details (if applicable)

Given name(s)

Surname

Date of birth

Contact phone number

Account name (for Company, Trusts or Partnerships)



- I/ we understand that my/ our withdrawal request in accordance with my/ our instructions in this Withdrawal Form is subject to the clearance of investment funds;
- I/ we understand that a full withdrawal request will automatically cancel my/ our Regular Savings Plan and/ or Fixed Payment Plan (if applicable);
- if signing under a power of attorney, I/we verify that, at the time of signing, I/we have not received a notice of revocation of that power.
- I understand personal information provided will be collected, used and disclosed in accordance with the relevant Product Disclosure Statement and Privacy Policy at **clearview.com.au**

If there is more than one investor, all investors must sign (unless you have previously indicated that only certain signatures were required). Where a company/corporate trustee is an investor, please ensure that this Withdrawal Form is signed by: (a) two directors; or (b) a director and a company secretary; or (c) the sole director and sole company secretary.

**Note: If signing under a power of attorney, please provide an original certified copy of the power of attorney document and the attorney’s identification, if not previously provided to ClearView.**

Full name (print clearly in block letters)

Signature of investor

Date signed

Full name (print clearly in block letters)

Signature of joint investor

Date signed

## Sending your form

Please send the form to us via your email address on file or mail

Mailing address:

**ClearView Wealth**  
**Reply Paid 4232**  
**Sydney NSW 2001**

Email address:

**client.wealth@clearview.com.au**

If you have any questions or need help please call our Service Centre on **132 977**.

Issued by ClearView Financial Management Limited ABN 99 067 544 549 AFSL 227677 (for ClearView Managed Investments), and ClearView Life Assurance Limited ABN 12 000 021 581 AFSL 227682 (for ClearView Savings Bond)