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 D D M M Y Y Y Y	Contact phone number
Joint investor details (if applicable)	
Given name(s)	Surname
Date of birth D D M M Y Y Y Y	Contact phone number
Account name (for Company, Trusts or Partnerships)	

B. Withdrawal instructions

The total minimum withdrawal across all investment options must be \$500.

From investment option	Full or Partial withdrawal	
ClearView Managed Investments		
Cautious 30	Full withdrawal Partial withdrawal \$	
Prudent 50	Full withdrawal Partial withdrawal \$.	
Assertive 70	Full withdrawal Partial withdrawal \$	
Aggressive 95	Full withdrawal Partial withdrawal \$.	
ClearView Savings Bond		
Guaranteed	Full withdrawal Partial withdrawal \$.	
Managed	Full withdrawal Partial withdrawal \$	
C. Payment details Please note, we will not pay withdrawal funds to a 3rd party. Nominated bank account details Name of account holder		
BSB number Account number		

D. Declaration and Authorisation

I/ We authorise ClearView Financial Management Limited and/ or ClearView Life Assurance Limited (as applicable) to process my/ our withdrawal request in accordance with my/ our instructions in this Withdrawal Form.

I/ We acknowledge and declare that:

- if I/we do not provide all required information, my/our request will not be actioned;
- this request will be deemed to be received and will be actioned on the day ClearView receives all required information;
- I/ We understand that incorrect details may result in a loss of withdrawal funds and we do not guarantee their recovery and we do not accept liability for funds unable to be recovered;
- all the details given in this form are true and correct; and
- I/ we understand that my/ our withdrawal funds will be paid to me/ us in Australian dollars only;

- 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
×	D D M M Y Y Y Y
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: Email address:

ClearView Wealth client.wealth@clearview.com.au

Reply Paid 4232 Sydney NSW 2001

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)