

Please complete all pages of this form in black or blue ink, using BLOCK letters

Investor Details

Unitholder Number (if known) _____

Name _____

Address _____

_____ State _____ Postcode _____

Contact Phone No. _____ or _____

Important Information about Regular Monthly Withdrawal Plans

- Monthly payments will be withdrawn on the 23rd of the month
- If the payment date falls on a non business day then it will be paid the next business day
- To withdraw from the Regular Monthly Withdrawal Plan you can access the form at www.statetrustees.com.au or contact us on 1800 636 203 during business hours, Monday to Friday.

Monthly Fund Withdrawal

		I wish to make withdrawal(s) as follows:
Name of Fund	APIR code	Dollars
invest Diversified Income Fund	STT0010AU	\$
invest Balanced Fund	STT0009AU	\$
invest Property Fund	STT0012AU	\$
invest Australian Equity Fund	STT0013AU	\$
invest International Equity Fund	STT0011AU	\$
TOTAL		\$

Note: The minimum withdrawal amount is \$100 per month per fund. The minimum account balance is \$1,000 for each Fund. If your withdrawal request would result in your Fund balance falling below the minimum (\$1000), we reserve the right to refuse to process your withdrawal request from the Fund.

Payment Instructions

EFT to the following account (*please note that withdrawal proceeds cannot be made to third parties*):

Financial Institution: _____

Branch _____

BSB _____ - _____ Account number _____

Account name _____

Investor's Signature(s)

Investor Authorisation and Acknowledgment

By completing and signing this form, I / we (cross-out as appropriate):

- acknowledge that I / we have been provided with the State Trustees website address (www.statetrustees.com.au) which provides information about the Regular Monthly Withdrawal Plan and that State Trustees Limited may vary the terms and conditions of the Regular Monthly Withdrawal Plan at any time;
- authorise State Trustees Limited to make monthly withdrawals from the Funds in accordance with my instructions and pay these amounts to my nominated bank account; and
- understand that State Trustee Limited may refuse to process my request for a withdrawal if this would result in my balance in the Fund falling below the minimum (\$1000).

Declaration, Applicant Signature/s and Authorisation of Account Signatories

- Where this application has been signed under a power of attorney, that the signing attorney verifies that there is no revocation of that power at the time of signing the Regular Monthly Withdrawal form. A certified copy of the power of attorney is submitted with this Regular Monthly Withdrawal Form unless otherwise sighted.

Signed Investor A

Signature

Name

Date

Capacity (For example: investor, power of attorney, legal personal representative, company secretary, director, sole director/ secretary, partner or trustee, whichever is applicable.)

Signed Investor B

Signature

Name

Date

Capacity (For example: investor, power of attorney, legal personal representative, company secretary, director, sole director/ secretary, partner or trustee, whichever is applicable.)

Contacting State Trustees

You can return this form by mail

Mail

invest Funds
State Trustees Limited
GPO Box 1461
Melbourne VIC 3001

For more information

1300 138 672 or
(03) 9667 6444
9am to 5pm (EST) Monday to Friday

Office Use Only

STRATIS Product No.

STRATIS Product Manager

State Trustees Fund Services Use Only

Price/Trade Date:

Processed By

Verified By