



# WITHDRAWAL REQUEST FORM

Please complete this Withdrawal Request Form if you are an investor in an AB Fund and you want to make a partial or full withdrawal of your investment.

Please refer to the relevant AB Fund Product Disclosure Statement and Additional Information for information about withdrawing your investment.

Please contact us at (02) 9255 1299 or by email at [aust\\_clientservice@alliancebernstein.com](mailto:aust_clientservice@alliancebernstein.com) with any questions about payments.

**PLEASE SEND YOUR COMPLETED WITHDRAWAL REQUEST FORM TO US BY MAIL, COURIER OR FAX TO:**

Address: AllianceBernstein Investment Management Australia Limited  
C/-State Street Australia Limited  
Attention: Unit Registry  
Level 14, 420 George Street  
Sydney NSW 2000

Fax: (02) 9323 6411

Full name \_\_\_\_\_

Investor Number \_\_\_\_\_

AB Fund Name	Amount to be withdrawn	Number of units to be withdrawn	Full withdrawal

# AB FUNDS WITHDRAWAL REQUEST FORM

## PAYMENT INSTRUCTIONS

Please pay pre-nominated account

I/we do not have a pre-nominated account. Please pay the account listed below

Bank name \_\_\_\_\_ Account name \_\_\_\_\_

Branch/BSB No. \_\_\_\_\_ Account no. \_\_\_\_\_

Only Australian dollar-denominated accounts with Australian banks or financial institutions in the name of the Applicant will be accepted.

## AUTHORISED SIGNATURES

### SIGNING INSTRUCTIONS

**Individuals**—where an investment is in one name, the investor must sign.

**Joint Holdings**—where an investment is a joint holding in more than one name, all investors must sign.

**Companies incl. corporate trustees**—two directors or a director and a secretary must sign, unless you are a sole director.

**Trusts**—all the trustees or the responsible entity must sign.

**Power of Attorney**—Please provide a certified copy of the Power of Attorney. If signed by an attorney, the attorney certifies that the Power of Attorney has not been revoked.

### APPLICANT(S) SIGNATURE(S)

#### ***First individual, director or authorised signatory***

X \_\_\_\_\_ / /  
Signature Date

\_\_\_\_\_  
Print name Office held (e.g., director/secretary/sole director/attorney/trustee or other (please specify))

#### ***Second individual, director/company secretary or authorised signatory***

X \_\_\_\_\_ / /  
Signature Date

\_\_\_\_\_  
Print name Office held (e.g., director/secretary/sole director/attorney/trustee or other (please specify))