



BT Premium Cash Fund Withdrawal Request

BT Contact Centre ☎ 132 135 (8.00am – 6.30pm Mon – Fri Sydney time)

The Responsible Entity for the BT Premium Cash Fund is BT Funds Management Limited ABN 63 002 916 458, AFSL 233724.

- Use this form to withdraw part or all of your investment in the BT Premium Cash Fund.

! Please note that you can make withdrawals on BT Online if you have a BT Online password. See www.bt.com.au for log-in instructions.

- The information collected on this form is governed by the BT Privacy Policy which is available online at www.bt.com.au.

Complete this form using **black pen** – print in clear **CAPITAL LETTERS**

1. INVESTOR DETAILS

Investor number

C

INVESTOR A – INDIVIDUALS, JOINT INVESTORS OR TRUSTEES

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Daytime phone number

()

Mobile phone number

- Check this box to receive an SMS confirmation once your withdrawal request has been processed.*

Email address**

INVESTOR B – JOINT INVESTORS OR TRUSTEES

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Daytime phone number

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Mobile phone number

- Check this box to receive an SMS confirmation once your withdrawal request has been processed.*

Email address**

COMPANIES, ASSOCIATIONS OR OTHER INVESTORS

Full company name, association or other investor

Mobile phone number

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- Check this box to receive an SMS confirmation once your withdrawal request has been processed.*

NAME OF TRUST ACCOUNT

Provide your account reference (where account is held on behalf of others)

- * BT provides this service free of charge. An SMS confirmation message will only be sent to an Australian mobile number. Please specify either Investor A, Investor B or Company/Association to receive the SMS confirmation – multiple messages cannot be sent. In the future, BT may choose to send you an SMS confirmation for other transactions as and when they occur. For full terms of service, please go to bt.com.au

** In the future, BT may elect to email correspondence to you

2. WITHDRAWAL DETAILS

Specify the dollar amount or number of units you wish to withdraw.

- !** If you have a Regular Investment Plan paid via direct debit, your Plan will stop automatically if you withdraw your investment from that fund in full. You should contact your employer to stop investments from a payroll deduction.

Please specify:

Units Dollars OR Full

3. WITHDRAWAL PAYMENT INSTRUCTIONS

- !** If address or bank account differs to that on file we cannot accept faxed instructions.

- Pay to financial institution account on file.
 Pay to financial institution account in Section 4.
 Post cheque to address on file.

4. BANK ACCOUNT DETAILS

Complete this section if you like withdrawal proceeds directly into a bank account which differs from the one on file.

! Only Australian financial institution account details will be accepted.

Name of financial institution

Branch name

BSB number

Account number

Account holder's name(s)

5. DECLARATION AND INVESTORS SIGNATURE

By signing this form:

- I/we acknowledge that I/we have read and understood the current BT Premium Cash Fund PDS to which this Withdrawal Request relates and I/we agree to be bound by the PDS and the relevant constitution(s), each as amended from time to time
- I/we declare that all the details given in this form are true and correct.

ALL INVESTORS MUST SIGN AND DATE THIS FORM

If signing under a power of attorney, you verify that, at the time of signing, you have not received notice of revocation of that power. Please provide an originally certified copy of the power of attorney including the appointed power of attorney's signature, if not already provided to us.

In the case of company signatories, two directors, or a director and a company secretary, must sign unless a sole director and sole secretary.

Signature of **Investor A or company officer**

Date (dd/mm/yy)

Signatory's full name (please print)

Director Sole Director and Sole Secretary

Signature of **Investor B or company officer**

Date (dd/mm/yy)

Signatory's full name (please print)

Director Company Secretary

You can submit this form by:

- mail BT Financial Group
GPO Box 2675 Sydney NSW 2001
- fax **This form cannot be faxed**

6. ADVISER USE ONLY

BT Adviser number

A

Work phone number

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Mobile phone number

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Signature of adviser

Date (dd/mm/yy)

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