FUNDS WITHDRAWAL/TRANSFER REQUEST

PhillipCapital
Your Partner In Finance

Phillip Capital Limited ABN 14 002 918 247 AFSL 246827

PLEASE EMAIL COMPLETED AND SIGNED FORM TO SETTLEMENTS@PHILLIPCAPITAL.COM.AU BEFORE 9.30AM FOR SAME DAY PROCESSING

Account Name:		Account No:	
Designation:			

Fund Withdrawal (Withdrawal is subject to available funds. Payments to a third party are not permitted.)

☐ Full Withdrawal

☐ Partial Withdrawal
Amount to be withdrawn (AUD) ______________________________

Deposit into

☐ Nominated Bank Account registered with PhillipCapital

☐ Telegraphic Transfer to a Nominated International Bank
** Please note that there will be a handling fee of AUD10 + GST and also any applicable bank fees associated with this request

Should you wish to deposit into a Non-Nominated Bank Account, please contact your Adviser to setup a new nominated bank details before we are able to process this withdrawal request.

Reason of withdrawal

☐ Pay out held funds
☐ Transferring to another investment (e.g. corporate action take-ups)
☐ Account closure with PhillipCapital
☐ Others:____

Fund Transfer Request (Transfer is subject to available funds. Third party transfers are not permitted.)

Transfer to Account ________________________________

☐ Full Transfer

☐ Partial Transfer
Amount to be Transfer (AUD) ________________________________

Reason of Transfer

☐ Clear outstandings in the Transfer to Account
☐ Transferring to another investment (e.g. corporate action take-ups)
☐ Others:____

	Individual / Sole Director / Director (1)	Individual (2) / Director (2) / Secretary	Individual (3)
Signature(s):	____________________	____________________	____________________
Full Name(s):	____________________	____________________	____________________
Date(s):(DD/MM/YYYY)	____________________		

Please note that digital signatures are NOT accepted

INTERNAL OFFICE USE ONLY - I confirm that

1. I have completed the Call back process to perform an Account Verification using the contact number from the Client Database.
2. I am able to verify the client and confirm the instruction is accurate.

Date validated: --

Adviser Name

Signature of Adviser
