

# FUNDS WITHDRAWAL/TRANSFER REQUEST

Phillip Capital Limited ABN 14 002 918 247 AFSL 246827  
 Phillip Capital Trading Pty Ltd ABN 68 066 066 911 AFSL 246796  
 Together known as "PhillipCapital"

PLEASE EMAIL COMPLETED AND SIGNED FORM TO [SETTLEMENTS@PHILLIPCAPITAL.COM.AU](mailto: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.)			
<input type="checkbox"/> Full Withdrawal		<input type="checkbox"/> Partial Withdrawal Amount to be withdrawn (AUD) _____	
Deposit into			
<input type="checkbox"/> Nominated Bank Account registered with PhillipCapital			
<input type="checkbox"/> 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		<input type="checkbox"/> Pay out held funds <input type="checkbox"/> Transferring to another investment (e.g. corporate action take-ups) <input type="checkbox"/> Account closure with PhillipCapital <input type="checkbox"/> Others: _____	
Fund Transfer Request (Transfer is subject to available funds. Third party transfers are not permitted.)			
Transfer to Account _____			
<input type="checkbox"/> Full Transfer		<input type="checkbox"/> Partial Transfer Amount to be Transfer (AUD) _____	
Reason of Transfer		<input type="checkbox"/> Clear outstandings in the Transfer to Account <input type="checkbox"/> Transferring to another investment (e.g. corporate action take-ups) <input type="checkbox"/> 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**

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

Date validated: .....

Adviser Name

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Signature of Adviser

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