

# Zurich Wholesale Superannuation

## 1 Investment details

Investment number

## 2 Investor 1 details (or company details)

Title  Surname  Given name(s)

Full company name (if applicable)

## 3 Investor 2 details (if applicable)

Title  Surname  Given name(s)

## 4 Request for withdrawal

I would like to transact in accordance with the following:

Zurich Investments Fund	APIR Code	Units	Amount
Zurich Wholesale Superannuation Australian Share Fund	ZUR0200AU		\$
Zurich Wholesale Pension Managed Growth Fund	ZUR0266AU		\$
Zurich Wholesale Superannuation Managed Growth Fund	ZUR0209AU		\$
Zurich Wholesale Pension Global Thematic Share Fund	ZUR0270AU		\$
Zurich Wholesale Superannuation Global Thematic Share Fund	ZUR0215AU		\$
Zurich Wholesale Superannuation Australian Property Securities Fund	ZUR0197AU		\$

Please ensure that you have read and understood the PDS.

## 5 Bank account informations

The bank account you nominate below will be credited with your withdrawal.

Name of financial institution

Branch address

Account name

Bank/State/Branch (BSB number)       –       Account number

Withdrawal payments must be made to the investor's bank account. Payments to third parties are not permitted.

## 6 Declaration and Signature

I/We agree that where the redemption represents a full redemption, the payment, of the benefit in accordance with my/our instructions constitutes a full and effective discharge from Zurich Australia Limited or all its obligations under the investment.

### Investor 1

Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**X**

### Investor 2

Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**X**

- If you are signing under a Power of Attorney, attach a certified copy of the Power of Attorney document (if this has not already been provided).
- each page of the Power of Attorney document must be certified by a Justice of the Peace, Notary Public or Solicitor.
- should the Power of Attorney NOT contain a sample of the Attorney's signature, please also supply a certified copy of the identification documents for the Attorney, containing a sample of their signature, eg Drivers Licence, Passport, etc. 1.

### Your privacy

The information you provide in this form is collected in order for Zurich to process your request regarding your investment. To do this, we may disclose this information to our administrator or other service providers. You can gain access to the information by contacting our Client Services team (details are set out below). If you do not provide accurate information we may not be able to process your request. To review Zurich's privacy policy please visit our website, [www.zurich.com.au](http://www.zurich.com.au), or contact the Zurich Privacy Officer on 132 687 or email us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au).

### Any questions?

Please contact Zurich Customer Care on **131 551**.

Fax: 02 9287 0302

Email: [client.service@zurich.com.au](mailto:client.service@zurich.com.au)

**Please send your completed form to:**

**Zurich Investment Management Limited**

**PO Box 3721**

**Rhodes NSW 2138**

Save File

Print Form