



Withdrawal of Funds Request

Date

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Day		Month		2	0	Year					

Client Details

Client account number

ACN / ABN

Client 1Title Mr Mrs Ms Miss Dr Other Family name Given name Contact number **Client 2**Title Mr Mrs Ms Miss Dr Other Family name Given name Contact number

Transfer Details

Please transfer

\$ from: V2 PLUS account**Or** variable loan

to:

 Nominated account**Or**

Account Name

BSB

Account Number

Name of Financial Institution where the account is held

Signature of Client(s) (all parties to joint accounts must sign)

Client 1Signature

Print name

Date

Client 2Signature

Print name

Date

If you have any further queries please contact the Client Services Team on 1800 639 330 between 8am and 6pm AEST weekdays (excluding national public holidays). Please note, depending on what time or day this request is received by ANZ, your instructions may not be actioned until the next business day.

Please print this request, complete the required details and return to ANZ

Please note, if you wish to action this request by facsimile and the account to which you wish to transfer the funds is not your nominated account, an 'Indemnity – payment instructions sent by facsimile' form must first be completed and sent to ANZ (if this form has not previously been completed). The form is available from www.anz.com

MAIL TO: ANZ

Level 15, 100 Queen Street
Melbourne, VIC, 3000

FAX TO: 1800 186 286