

KeyInvest Investment Bonds Withdrawal Form



This form should be completed if you wish to make a withdrawal from your fund.

Please PRINT clearly using blue or black pen, leaving one box between words and mark boxes using crosses "x" where appropriate. Please return the completed form to KeyInvest or phone KeyInvest on 1300 658 904 with any enquiries.

Member No:

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Policy No:

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I. POLICY OWNER(S) DETAILS

Policy Owner 1

Title	Mr		Mrs		Ms		Miss		Dr		Other									
Surname/Company/ Trust Name																				
Given Name(s)																				
Date of Birth	DDMMYYYYY										If Company, ABN									

Policy Owner 2

Title	Mr		Mrs		Ms		Miss		Dr		Other									
Surname/Company/ Trust Name																				
Given Name(s)																				
Date of Birth	DDMMYYYYY										If Company, ABN									

Contact Details

Unit No.		Street No.																		
Street Name																				
Suburb																				
State																				
Home Phone																				
Fax																				
Email																				

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5. DECLARATION

I/we the policy owner(s), whose signature(s) appear below, hereby understand/acknowledge and agree as follows:

- My/our decision in relation to this product is based on the material received, including the PDS which I/we have received, read and understood.
- In the event of any inconsistency between the terms of my/our Policy and the information contained in the PDS, the terms of the policy will prevail.
- I/We acknowledge that for the Life Events Bond, the unit price used to redeem units will be the unit price effective the day that KeyInvest receives the completed withdrawal form. Redemption requests received after 2.00pm CST on a Tuesday will be processed using the following day's unit price.
- In consideration of payment of the amount withdrawn as herein stated, I/we hereby waive all rights to further claims on KeyInvest Ltd under the above Policy for that amount so surrendered.

Signature of Policy Owner 1

Date

Signature of Policy Owner 2

Date

Company Seal
(if applicable)



OFFICE USE ONLY

Withdrawal Date	Nett Amount	Total Bonus	Total Payable
Fund Option		Amount of Units	
Payee			
Date Sent	<input type="text" value="DDMMYYYY"/>	Authorised	

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6. CONTACT US

Street Address: KeyInvest Ltd
Level 2, 49 Gawler Place
Adelaide SA 5000

Postal Address: KeyInvest Ltd
PO Box 3340
Rundle Mall SA 5000

Phone: 1 300 658 904

Email: info@keyinvest.com.au

Web: www.keyinvest.com.au

Hours of Operation: 8.30am - 5.00pm (CST)