

KeyInvest Income Security Fund

Regular Withdrawal Authority



2. PLEASE MAKE THE FOLLOWING REGULAR DEDUCTION:

Please credit my financial institution account as nominated below with a regular instalment amount of
 \$. per (month/quarter/year) until further notice.

Please credit my Annual Bonus payment to my nominated financial institution account after allocation, the details of which are provided below.

Account Name

BSB No - Account No

Name of Financial Institution

Please cancel my deduction authority

It is hereby declared and agreed that this authority will remain valid until revoked or altered by me/us in writing. I/We also understand that KeyInvest Ltd accepts this instruction under the conditions and rules governing KeyInvest Ltd, who will incur no responsibilities under this authority.

Signature

Date

Signature

Date

3. 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)

OFFICE USE ONLY

Policy Owner/Member details and signature verified:

Processing of form complete:

Date: