

Withdrawal request

INVESTSMART

FULL WITHDRAWAL REQUEST

Dear InvestSMART,

As per the below signatures, I/we authorise you to conduct a FULL cash withdrawal and account closure of my/our cash and securities holdings for the SMA account listed below. All proceeds should be deposited into the nominated bank account.

FULL WITHDRAWAL REQUEST	
SMA Portfolio Number	
SMA Portfolio Name	

I/we understand that this will involve the selling of all existing securities in the SMA account.

Signature of Account Holder 1	Signature of Account Holder 2 (if applicable)
Full Name of Account Holder 1	Full Name of Account Holder 2 (if applicable)
Date	Date

Please complete, scan and email to invest@investsmart.com.au or alternatively complete and mail to
InvestSMART Financial Services Pty Ltd, PO Box 744, QVB, NSW, 1230

If you need assistance with this form, please contact InvestSMART Financial Services:

1300 880 160 / [INVESTSMART.COM.AU](https://www.investsmart.com.au) / 9/37 YORK ST,
SYDNEY NSW 2000