



WITHDRAWAL REQUEST

INVESTMENT DETAILS

Name of Investment: _____

Investment No: _____ Maturity Date: _____

Address: _____

Withdrawal Amount: \$ _____

BANK ACCOUNT

Bank Account: BSB: ____ - ____ Account No. _____
(Deposit to be made)

Account Name: _____

*Signature: _____ *Signature: _____

Date: _____ Date: _____

* Form must be signed by both investors if held in joint names (in accordance with original application)

Please return this completed form to:
ANGAS PRIME
GPO Box 2948
ADELAIDE SA 5001

ANGAS PRIME
PO Box 1602
SUBIACO WA 6904