



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: _____

*Please note 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**