

# Regular payment plan request

Please complete this form using BLACK INK and CAPITAL letters.

## 1. Client details

Account name

Address

Town or suburb  State  Postcode

## 2. Action to be taken

- Start new payment plan
- Amend existing payment plan
- Cancel payment plan

## 3. Payment plan request

Commencement / /

Managed Account Model Portfolio ID  (e.g. BG)

Managed Account Model Portfolio name  (e.g. Balanced Growth)

I/We request that you, until further notice, credit each month my/our account detailed below, \$

### Important

- There is a minimum payment amount of \$100 per month per Managed Account Model Portfolio.
- When establishing your regular payment plan, notification must be received at least 10 business days prior to the 15th day of that month.
- This form must be read in conjunction with the current ifsinvest Service Guide.

## 4. Financial institution and account details

Bank / Institution

Branch name  Account name

BSB - Account number

Branch address

Town or suburb  State

## 5. Declaration(s)

I/ We acknowledge that this payment arrangement is governed by the terms of the Regular Payment Plan Terms and Conditions as set out in the ifsinvest Service Guide).

Signature - Investor 1/Trustee 1/Director 1/Sole Director  
(you MUST circle one)

D  D /  M  M /  Y  Y  Y  Y

Please print name

Signature - Investor 3/Trustee 3/Director 3  
(you MUST circle one)

D  D /  M  M /  Y  Y  Y  Y

Please print name

Signature - Investor 2/Trustee 2/Director 2 /Secretary  
(you MUST circle one)

D  D /  M  M /  Y  Y  Y  Y

Please print name

Signature - Investor 4/Trustee 4/Director 4  
(you MUST circle one)

D  D /  M  M /  Y  Y  Y  Y

Please print name