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 [D][D] / [M][M] / [Y][Y][Y][Y]

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, notif cation 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 **ifs**invest Service Guide.

4. Financial institution and account details

Bank / Institution

Branch name   Account name

BSB [ ][ ][ ] - [ ][ ][ ]   Account number [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Branch address

Town or suburb   State [ ][ ][ ]   Postcode [ ][ ][ ][ ]

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 **ifs**invest 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 2/Trustee 2/Director 2 /Secretary
(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 4/Trustee 4/Director 4
(you MUST circle one)

D	D	/	M	M	/	Y	Y	Y	Y

Please print name