

INVESTMENT ACCOUNT CLOSURE FORM

Operator: Powerwrap Limited ABN 67 129 756 850 AFS Licence 329829

IMPORTANT: Please use BLOCK letters and black ink when completing this form. Please note that fields marked (*) are mandatory.

1. EXISTING INVESTOR DETAILS

<u>.</u>	EXISTING INVESTOR DETAILS
	*Scheme Account Number
	*Account Name(s)
	Street Address/PO Box
	Suburb/Town/City State Postcode
	I/we hereby give notice that I/we wish to close my/our Investment Account.
	I/we elect to have my/our Scheme Assets:
	Sold down by my/our Financial Adviser and the proceeds paid into my Cash Management Account; or
	Transferred to another custodial arrangement (if allowable)
	Name of Platform/Custodian/Broker/PID
	Bank details for transfer of cash
	Account Name
	BSB Account Number Amount
	I/we understand that closing my/our Scheme Account will also terminate the Responsible Entity's administration and reporting service of non-Scheme assets.
	Prior to closing your Scheme Account, the Account balance will be applied to pay all outstanding fees and charges. It may be necessary to keep your Scheme Account open for a period of time pending the processing of any transfers and the receipts of any outstanding distributions. During this time, the minimum balance should be retained within your Cash Management Account. This closure is in line with the Product Disclosure Statement.
	 Upon request to close your Scheme Account, the Responsible Entity will: Finalise any uncompleted part of your instructions up to and including the termination date; Deduct any outstanding fees and charges from your Cash Management Account; Sell assets in your Scheme Account if there is insufficient cash in your Cash Management Account to pay any outstanding fees and charges relating to your portfolio; and
	• Continue to charge your Cash Management Account for fees and charges associated with your Portfolio until such time as there are no further assets in your Scheme Account.
2.	DECLARATIONS
	Executed by Investor(s)
	*Name (please print)
	*Signature *Date / /
	*Name (please print)
	*Signature *Date / /

Return completed original form to Powerwrap Limited PO Box 16071, Collins St West Vic 8007 or submit via your financial advisor