

1. CLIENT DETAILS

Client account number

Account name

2. APPLICATION DETAILS

Please make sure you have checked the fund manager's minimum monthly investment amount and that the total monthly contribution for each fund detailed below complies with their requirements.

Fund name	APIR code	Your monthly contribution (minimum \$50)	ANZ monthly contribution (minimum \$50)	Total monthly contribution
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total monthly contribution		\$	\$	\$

You must ensure that your monthly contribution is available in your nominated bank account for direct debit on a monthly basis. Funds must be available in your nominated account by the first week of each month.

Please note: ANZ will continue to debit your account until further notice is received in writing.

3. AUTHORISATION

All Individual Trustees OR all Trustees for Minor OR two Directors OR one Director and one Company Secretary must sign this application.

Client/Director/Trustee 1

Name

Signature

Date

Client/Director/Trustee 2

Name

Signature

Date

Client/Director/Trustee 3

Name

Signature

Date


Director/Trustee 4

Name

Signature


Date

Complete and return this form to:

 **Mail:** ANZ Investment Lending
Reply Paid 4338, Melbourne VIC 8060
(no stamp required)

 **Email:** investmentlending@anz.com

Contact us:

 **Phone:** 1800 639 330
8am to 6pm
(Sydney/Melbourne time)
ASX trading days