



Managed Fund Redemption Request

Suncorp Metway Limited ABN 66 010 831 722. AFSL 229882.

If you have any questions please contact our Account Management Team on 1800 805 972 Intl 612 9236 3471, between 8am – 6pm (AEST) Monday to Friday.

Complete this form to redeem managed funds held as security on a Suncorp Margin Loan.

NOTE: Redemptions will be forwarded to the fund manager on the same day if received by 11am (EST) Monday – Friday. Turnaround times for fund redemptions vary depending on the fund manager requirements. This may impact the value of your redemption. For more information, please contact your adviser or fund manager directly.

Section 1 – Borrower Details

Client Reference Number _____

Borrower/s Name _____

Daytime Phone No. _____ Mobile _____

Section 2 – Redemption Request

Date / / _____

Is this a full redemption of all your managed investments? (please tick one)

Yes

No

Section 3 – Redemption Details

Give details of the Managed Funds to be redeemed.

Managed Fund			Investor Number	Redemption Amount		
Name	OR	APIR Code		\$	OR	Units

Attach an additional sheet if there is insufficient space

Section 4 – Instructions for Redemption Proceeds (subject to available funds)

Please tick one of the following options.

- 1. Reduce my/our margin loan balance
- 2. Transfer into my linked Cash Management Trust Account (CMA) (if applicable)
- 3. Pay into account – complete details below.

Name of Financial Institution _____ Branch Name _____

BSB Number _____ Account Number _____

Account Name _____

- 4. Pay via Cheque – complete details below

Name of Payee _____

Address _____

Postcode _____

NOTE: If no selection is made for the redemption proceeds, the funds will be used to reduce the loan balance.

Section 5 – Declaration and Authority

I/we authorise Suncorp Margin Lending to action my/our above request.

Borrower/Trustee 1

Full Name

Signature

Date / /

Borrower/Trustee 2

Full Name

Signature

Date / /

Third Party Security Provider 1

Full Name

Signature

Date / /

Third Party Security Provider 2

Full Name

Signature

Date / /

Company Director

In all cases, either two directors, one director and one secretary or the sole director/secretary must sign.

Full Name

Signature

Date / /

Company Director/Secretary (if applicable)

Full Name

Signature

Date / /

**Please send the completed form to:
Suncorp Margin Lending PO Box R1877, Royal Exchange NSW 1225
Or FAX to 1300 305 499.**