

Account Closure Form



La Trobe Australian Mortgage Fund ARSN 088 178 321

PLEASE USE BLOCK LETTERS

Investor Name _____ Investor No. _____

I wish to close my account and deposit the funds into my nominated bank account.

I wish to close my account and deposit the funds into the Financial Institution below.

Financial Institution Details

Financial Institution Name _____

Branch _____

BSB _____ Account No. _____

Account name _____

Reason for Account Closure

Investor/Authorised Signatories

Signature of Individual Director Secretary Signature of Individual Director Secretary

Signature

Full Name

Date

place common seal here if required

do not sign here

Signature

Full Name

Date

Return completed, signed form to:

The Manager, Investor Services Fax: (03) 8610 2850
La Trobe Financial Services
GPO Box 2289
Melbourne VIC 3001

Enquiries

Email: investor@latrobefinancial.com.au
Toll Free: 1800 818 818

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