

Authorisation to deduct



Investor name: _____ La Trobe Financial Investor number: _____

Contact details for Investor Advisor:

Correspondence address: _____

Advisor name: _____

Contact telephone: _____ Email address: _____

Contact details for bank account holder (Investor):

Contact name: _____

Correspondence address: _____

Contact number: _____ Email address: _____

Payment details

Nominated amount \$ _____

Weekly Fortnightly Monthly Once Only Commencing from: ____ / ____ / ____

Name of financial institution where bank account is held: _____

Branch: _____ BSB: _____ Account No.: _____

Address: _____

Name of all bank account holders: _____

Signature of bank account holder: _____

Signature of bank account holder: _____

I/We hereby authorise and request for you to debit funds from the bank account nominated above to the following account

La Trobe Financial Asset Management Limited Investor Clearing: BSB 063-530, Account No. 1042 4900

This authority covers La Trobe Financial Asset Management Limited. ABN 27 007 332 363 and related companies with which I/we have an agreement. I/we acknowledge that:

1. The financial institution may in its absolute discretion determine the order of priority of the payment by it of monies pursuant to this request or any other mandate or authority;
2. The financial institution may in its absolute discretion at any time by notice in writing to me/us terminate this request as to future debits;
3. You may, by prior arrangement and or/advice to me/us, vary the amount of the frequency of future debits;
4. Where a Payment is due on a day which is not a business day, La Trobe Financial may process the payment on the next business day; and

Continued overleaf

1 of 2 12/11

5. I/we understand the above authority represents my/our authority and instruction to my/our financial institution.

Changes to your nominated bank account

6. All Investors must sign this authority to debit the nominated bank account. Any future requests to change the nominated bank account must be signed by all Investors as disclosed on the Application form. Company accounts must be signed by a minimum of two (2) company directors unless the company is sole directorship.

Signature of Investor

Signature of Investor

Date

Date

Return completed, signed form to:

Please return this form by facsimile to (03) 9629 9413.

Or Post to: La Trobe Financial Services, GPO Box 2289, Melbourne VIC 3001

Or Email to: deposits@latrobefinancial.com.au

Office Use Only

Signatures Confirmed _____ Processed by _____