

# Regular Investment Plan Form



By completing this form, you can make regular and automatic deposits from your Australian Executor Trustees Cash Deposit Fund into your Wholesale Access Fund (WAF).

Wholesale Access Fund (WAF) account name

Account number

|  |  |
|--|--|
|  |  |
|--|--|

Investor surname

|  |
|--|
|  |
|--|

Investor given name

|  |
|--|
|  |
|--|

Joint investor surname

|  |
|--|
|  |
|--|

Joint investor given name

|  |
|--|
|  |
|--|

**Please confirm**

Is this to replace an existing arrangement?

- No  
 Yes, please cancel the below arrangement

Next payment date

|  |   |  |   |  |
|--|---|--|---|--|
|  | / |  | / |  |
|--|---|--|---|--|

Note we require seven (7) days notice

Regular payment amount

|    |  |   |  |
|----|--|---|--|
| \$ |  | . |  |
|----|--|---|--|

**The Schedule**

I request the following amount to be paid and take effect from:

Investment amount

|    |  |   |  |
|----|--|---|--|
| \$ |  | . |  |
|----|--|---|--|

Commencement date: (dd/mm/yy)

|  |   |  |   |  |
|--|---|--|---|--|
|  | / |  | / |  |
|--|---|--|---|--|

Frequency, please specify (✓) one  Quarterly - OR -  Monthly

Please note that your account will be debited on the 15th day of each month at the nominated frequency or the next business day if this day is on a weekend or public holiday.

**Investment selection – minimum \$1,000 per fund**

Please note: Only complete this section if you wish to vary your investment selection

Please consult the Product List in conjunction with your financial adviser and complete the details below.

Your income distributions will be paid to your cash account.

| Name of wholesale fund (see Product List) | APIR Code | Amount |
|---|-----------|--------|
|   |           |        |
|   |           |        |
|   |           |        |
|   |           |        |
|   |           |        |

Total investment amount: \$

