

# Portfolio Management Service Periodic Payment form

Investor surname or company name

Investor given name

ABN/ARBN

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Joint investor surname

Joint investor given name

Account name

Account number

## Section 1: Payment request

Amount: \$       .

Start date:   /   /

Please nominate a payment frequency:

- Monthly  
 Quarterly  
 Half-yearly  
 Yearly

## Section 2: Payment method

Please note period payments will only be paid by Electronic Funds Transfer (EFT).

Account name

Name of financial institution where your account is held

Branch name

Branch (BSB) number

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Account number

**Portfolio Management Service**  
**Periodic Payment form**

**Section 4: Investor declaration and signature**

I understand that if there are insufficient funds to enable a payment to be made all further payments will cease until funds have been made available. No additional payments will be made for the missed amount.

Investor signature

X

Date

//

Joint investor signature

X

Date

//

**Please return to Australian Executor Trustees Limited by:**

**Fax**                1800 781 166  
**Email**            forms@aetlimited.com.au  
**or Post**           Australian Executor Trustees Limited  
                          Administration Services  
                          GPO Box 546  
                          Adelaide SA 5001

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