

Complete this form to redeem managed funds held as security on your BankSA Margin Lending facility.

Please note: Redemptions will be forwarded to the fund manager on the same day if received by 10.30am (Adelaide time) Monday to 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's Details

Name of borrower(s)

Borrower(s) Client Reference Number

Contact Number

Mobile phone number

Section 2 Redemption Request

Date of request

 / /

Is this a full Redemption of all your managed funds investments? *(Please tick (✓) one)*

 Yes

 No

Section 3 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 Instruction for Redemption proceeds (Subject to available funds)

Please tick (✓) one of the following four options

 1. Reduce my/our margin loan balance

 2. Transfer into my linked Cash Management Trust Account (CMA) *(if applicable)*
 3. Pay into account – *give details below*

Name of financial institution

Branch

BSB number

Account number

Account Name

Section 4 Instruction for Redemption proceeds (continued)

Pay by cheque – give details below

Name 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 Execution

I/We authorise BankSA Margin Lending to action my above request.

Borrower/Trustee 1 Signature

X _____

Borrower/Trustee 2 Signature

X _____

Date

____ / ____ / ____

Date

____ / ____ / ____

Third party security provider 1 Signature

X _____

Third party security provider 2 Signature

X _____

Date

____ / ____ / ____

Date

____ / ____ / ____

Company Borrower or Company Trustee

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

Company Director Signature

X _____

Company Director/Secretary Signature (if applicable)

X _____

Date

____ / ____ / ____

Date

____ / ____ / ____

If you wish to terminate your facility, please complete and attach the Account Closure Form.

**Please send the completed form to: BankSA Margin Lending, Reply Paid 1467, Royal Exchange NSW 1224
or fax to 1300 179 540 (International 61 2 9995 8292)**

Office Use Only