

ClearView Savings Bond - Application for Withdrawal

Section A: Policy owner details

Policy number

2	:	:	:	:	:	:	:	:	:
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Policy holder 1

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other	<input type="text"/>
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Surname

<input type="text"/>

Given name(s)

<input type="text"/>

Residential address

<input type="text"/>
<input type="text"/>
Postcode

Postal address (if different from above)

<input type="text"/>
<input type="text"/>
Postcode

Home phone number

Work phone number

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Policy holder 2

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other	<input type="text"/>
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Surname

<input type="text"/>

Given name(s)

<input type="text"/>

Residential address

<input type="text"/>
<input type="text"/>
Postcode

Postal address (if different from above)

<input type="text"/>
<input type="text"/>
Postcode

Home phone number

Work phone number

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Section B: Withdrawal

Please note: a withdrawal fee may apply – see your policy booklet for details. Please complete item (1) or (2), whichever is appropriate.

☐ 1. Partial withdrawal (please note that a minimum of \$500 must remain after withdrawal)

I/We request Clearview Life to realise an amount (net of withdrawal fee) as indicated below:

Guaranteed units to the amount of \$

Managed units to the amount of \$

☐ 2. Full withdrawal

I/We request ClearView Life to withdraw the full amount of my/our investment and cancel the above policy.

Section C: Payment method

I/We direct that payment be made:

☐ by cheque to be posted to the address shown in Section A.

☐ to the financial institution account nominated in Section D. The account to which the amount will be credited must be in the name of the policy owner (or a joint account).

If a payment method is not nominated, a cheque will be posted to the owner(s) at the address shown in Section A.

Section D: Financial Institution account details

Name and address of financial institution

<input type="text"/>
<input type="text"/>
Postcode

BSB number

Account number

<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of account

☐ Savings ☐ Cheque ☐ Statement ☐ Other

Account name

<input type="text"/>

Please note: you will need to check with your financial institution that the account you have nominated above is able to accept electronic transfers.

Section E: Proof of Identity*

☐ I have attached a certified copy of my driver's licence or passport.

OR

☐ I have attached certified copies of both:
Birth/Citizenship Certificate or Centrelink Pension Card
AND
Centrelink Payment letter or Government notice
(less than 1 year old) with name/address.

If you are unable to meet the above 'Proof of Identity' requirements please contact us on 132 977.

*If you have already provided complying Proof of Identity documents in the past five years, you need not resubmit this information with your partial withdrawal request.

If the expiry date on any of your Proof of Identity documentation previously provided has expired, you will need to resubmit current Proof of Identity information.

Section F: Signature(s)

- I/We agree that ClearView Life is discharged from any liability under the policy on payment of the realisation value of the policy, as I/we have directed in Sections C and D.
- I/We have completed all applicable sections of this form, and the information I/we have provided is accurate.
- I/We have read and consent to the collection, use and disclosure of my/our personal information as set out in the Our Privacy Policy section.

Individuals declaration and signature(s)

I/We understand:

- that if I/we do not provide all required information, my/our request will not be actioned;
- the effective date of my/our transaction will be based on the day ClearView receives all required information.

Signed by the policy owner(s)

(If there is more than one policy owner, all policy owners must sign.)

Signature 1

X

DATE / /

Signature 2

X

DATE / /



This form can be posted (no stamp required) to:

ClearView
Client Administration
Reply Paid 4232
Sydney NSW 2001

Section G: Reason for withdrawal

This information is required for statistical purposes only and will remain strictly confidential. Completion is optional.

Our Privacy Policy

Further information on how we handle your personal information is explained in our Information Handling Policy including:

- how to contact us regarding Privacy;
- how to inform us to change your marketing consent; and
- how to access your personal information.

You can obtain a copy of our Information Handling Policy by calling us on 1800 265 744 or by visiting our website at clearview.com.au



If you have any questions about this form,
please call us on

132 977