

APPLICATION FOR WITHDRAWAL

PLEASE WITHDRAW THE SUM OF

\$

PREFERRED WITHDRAWAL DATE*

/ /

FROM

Account No.

Account Name

TO: (MUST BE IN THE SAME NAME AS THE MCMF ACCOUNT)

Account Name

Financial Institution

BSB

Account Number

Reference

SIGNATURE 1

DATE / /

SIGNATURE 2

DATE / /

FULL NAME

FULL NAME

*WITHDRAWAL REQUESTS ARE GENERALLY EXPECTED TO BE MET WITHIN SEVEN DAYS FROM THE RECEIPT OF THE REQUEST BUT MCMF RESERVES ITS RIGHTS IN THE PRODUCT DISCLOSURE STATEMENT.

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