

PAYMENT REQUEST FORM: DOMESTIC PAYMENT



Use this form to make a payment from your Powerwrap Investment Account (Cash Operating Account) to an Australian Bank Account or a biller.

Part 1 - Portfolio details

Account name

Account number

Cash Operating Account (ANZ) details
BSB Bank account number

013-985

Part 2 - Payment details

Payment amount

Narration for portfolio (maximum 18 characters)

Purpose of payment

Message for recipient (maximum 18 characters)

Select a payment type

A) Bank account payment

B) BPAY® payment

Payee account name

Biller code

Payee BSB Payee account number

Ref

© Registered to BPAY Pty Ltd ABN 69 079 137 518

Part 3 - Declaration and authorised signatures

By submitting this Payment Request Form I/we irrevocably authorise this payment to be made as specified above and understand that Powerwrap is not responsible for any errors or omissions in this Payment Request Form.

Signature of account holder 1

Signature of account holder 2

Date

Date

Name

Name

Part 4 - Adviser declaration

I am an Authorised Officer of the Australian Financial Service Licence (AFSL) holder. I declare that I have verbally confirmed with the Account Holder/s that all the details in this Payment Request Form are correct and I have authenticated the signatures of the Account Holder/s."

Adviser signature

Date

Company/Dealer group (AFSL)

Adviser name

Part 5 - Important Information

Account holders must provide the source document for certain payments. Upon receiving a satisfactorily completed Payment Request Form with supporting information and verification of the request where required, the payment will be made at the earliest opportunity (which may be the next business day).

The Australian Financial Institution through which this payment is made will be required to report all international payments and any domestic payments over \$10,000 to AUSTRAC. For all international and any domestic payment requests of \$50,000 or more, a "call back" to an Authorised Officer of the AFSL will be undertaken to authenticate a payment request.

A separate form is required for each payment request.

Return this completed form and supporting documents to your Financial Adviser. Alternatively, return to us by post: Powerwrap Client Services, PO Box 16071, Collins St West VIC 8007

This form to be used in respect of Powerwrap Investment Account ARSN 137 053 073 issued by Powerwrap Limited ("Responsible Entity", "Powerwrap") ABN 67 129 756 850 AFSL 329829