

WITHDRAWAL REQUEST FORM

Requests to transfer funds to third parties will not be processed.

Withdrawals by Wire Transfer will only be transferred to accounts from which funds originated.

To withdraw funds or close an account, please complete, sign and submit this form via fax to +61-2-8088-7423.

Or mail to :

Bacera Co Pty Ltd
Suite 403, Level 4
60 York Street
Sydney, NSW 2000 Australia

Your request will be processed within 2 business days of receipt.

Account Number: _____

Check Here to Close Your Account: (\$100 minimum balance required to maintain open account status)

Method of Withdrawal Requested:

Check Wire Transfer (bank fee will apply)

Bank Name : _____

Bank Account Number : _____

ABA/Swift Code : _____

Bank Address: _____

Person to Contact at Bank : _____

Withdrawal Amount: \$ _____

Client Remarks: _____

Primary Account Holder

Name Signature Date

Joint Account Holder

Name Signature Date

For Office Use Only

Date: _____ Acct# _____

Divisional Manager: _____ General Manager: _____

Acct. admin: _____ Amount Sent: _____

Via: Check Wire Transfer

Reseller: _____ Compliance Officer: _____