

Manual Payment Request Form

After RaboPlus receives the form, a Customer Contact Centre Agent will contact you to verify your request. Please answer all questions on this form.

Personal Details *(used for identification purposes)*

Title: Mr Mrs Miss Ms Dr

First name: _____

Middle name(s): _____ Date of birth: _____ / _____ / _____

Surname: _____ Gender: Male Female

Customer Number: _____

Digipass Serial Number: (on back of Digipass) _____

Reason for not being able to do this transaction on-line: _____

RaboPlus will contact you after receiving this request. We will use the details (work, home, mobile number) as we have them in our system. Please indicate if it is not possible to contact you on those numbers, if so please indicate the reason why this is not possible.

Contact details with RaboPlus are:

Current and usable (please continue to Payment Request Details).

Not usable (please fill in details below).

Reason for not being contactable on RaboPlus details: _____

Alternative contact details: (e.g. Phone, Mobile phone) _____

Payment Request Details

Sale of Managed Funds. The total amount of the sell will be credited to your main RaboPlus account.

Investment: _____ *(fill in "all" to sell all units for all investments)*

Units: _____ *(fill in "all" to sell all units for the selected investment)*

Execution date: _____ *(if blank sell will be executed as soon as possible)*

Payment from RaboPlus Account to Linked Account.

Account number: _____ *(your RaboPlus account number)*

Account name: _____ *(your RaboPlus account name)*

Amount: _____ *AUD (fill in "all" to transfer the total balance)*

Execution date: _____ *(if blank sell will be executed as soon as possible)*

Manual Payment Request Form

Acceptance

I authorise RaboPlus to make the payment associated with my/our account(s) as set out in this form and, where my Account (identified by the Customer Number) is a joint account, a trust, business, DIY Super or on behalf of another person, I confirm that I am authorised by the joint owner/trustees to request this manual payment.

Signature: _____ **x Please sign here.**

This request can only be signed by the owner or authorised signatory of the Customer Number indicated above.

Date: _____ / _____ / _____

Please post this document to:

RaboPlus
Reply Paid 4715
Sydney NSW 2001.

Should you have any questions please phone our **Customer Contact Centre** on **1800 445 445**,
8am – 8pm Monday to Friday, Sydney time.