



**churches  
of Christ**  
in NSW & ACT  
*Unity. Restoration. Life.*

Churches of Christ Investment Fund (NSW & ACT)

**Application for Withdrawal from the Fund**

To: **Churches of Christ Property Trust** [ABN 73 068 989 953] (the "Trust") as the controlling entity of the Churches of Christ Investment Fund (NSW & ACT) (the "Fund").

Please send this completed Application, plus any additional documents to:

The Churches of Christ Property Trust at:

Suite 3.01, Level 3, Building B, or PO Box 3561  
Rhodes Corporate Park, 1b Homebush Bay Drive RHODES NSW 2138  
RHODES NSW 2138

or email to: hello@ccnswact.org.au

**WITHDRAWAL**

The Applicant(s) named below hereby applies (apply) to withdraw from the Fund:

- (a) all of the amount invested with the Fund (including all of the accrued interest)  ; or
- (b) the sum of \$..... (please specify the amount).

➤ Complete (a) or (b) and mark appropriate box.

Note:

- (i) The amount being withdrawn must not result in the balance remaining in the Fund on behalf of the Applicant being less than \$5,000 and, if the application is to withdraw an amount which would result in less than \$5,000 remaining, this Application will be deemed to be an application to withdraw the whole of the balance in the Fund on behalf of the Applicant.
- (ii) where the Applicant (or any Applicant) **is an individual person, Section 1** below must be completed;
- (iii) where the Applicant **is other than an individual person, Section 2** below must be completed; and

**SECTION 1 [for completion by individual person(s)]**

**Individual Person(s)**

**Names of Applicant(s):**

(1) Title ..... Given Names ..... Surname ..... (**Applicant 1**)

(2) Title ..... Given Names ..... Surname ..... (**Applicant 2**)

("Applicant")

**Fund Investment Reference Number:** ..... (please complete)



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**SECTION 2 [for completion by an Applicant who is not an individual person]**

**Entity**

**Name of Applicant:**

(1) Name of Entity .....

(2) ABN: .....

("Applicant")

**Investment Reference No:** ..... (please complete)

**DIRECTION AS TO PAYMENT OF WITHDRAWN AMOUNT**

**Please pay the amount being withdrawn as follows:**

- By cheque payable to the Applicant:
  - at the address of the Applicant(s) in the records of the Fund  ; or
  - at this address: .....  
.....  
..... Postcode: .....  ; or
- To the bank account of the Applicant shown below

Title of Account: .....

BSB: .....

Account Number: .....

➤ Complete and mark as appropriate.

***[If no direction is given the withdrawn amount will be paid by way of a cheque payable to the Applicant sent to the address of the Applicant(s) in the records of the Fund.]***



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**SIGNING OF APPLICATION**

➤ **Individual person(s) who completed Section 1 to sign and date below**

**Signature(s) of Applicant(s) who completed Section 1:**

(1) ..... Date: .....

(2) ..... Date: .....

➤ **An Applicant who is not an individual person who completed Section 2 to sign and date below.**

**Signatures on behalf of an Applicant who is not an individual person who completed Section 2:**

Signed for and on behalf of the Applicant.

**The two (2) persons signing this Application, by signing each warrant they are authorised to do so on behalf of the Applicant:**

(1) Signature: .....

Print Name.....

State Office held with Applicant: ..... Date: .....

(2) Signature: .....

Print Name.....

State Office held with Applicant: ..... Date: .....