31 March 2023

Regular Withdrawal Plan and Automatic Income Distribution Facility

Use this form to establish, change or cancel a Regular Withdrawal Plan or an Automatic Income Distribution Facility.

Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.

Step 1: Client details

Account number

Account name

Date of birth (if applicable) / /

Step 2: Regular Withdrawal Plan details

☐ Establish a Regular Withdrawal Plan

OR

☐ Change a Regular Withdrawal Plan

OR

☐ Cancel a Regular Withdrawal Plan (please complete only the date field below)

Effective date D D / M M / Y Y Y Y

☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Annually

Regular withdrawal amount required $ (minimum $100)

Please note:

- Regular withdrawals will be paid out of your Cash Account according to the frequency and date selected. Regular withdrawals may not be paid if there is insufficient funds in your account to meet the regular withdrawal amount. We may process your regular withdrawal earlier than the specified date to ensure it reaches your nominated financial institution on time.
- Any asset sales associated with your withdrawal will be done in accordance with your existing tax optimisation method. To view and update your chosen method, please speak to your financial adviser or log in to Shadforth Portfolio Online.

Step 3: Automatic Income Distribution Facility

☐ Establish an Automatic Income Distribution Facility

Transfer accumulated income distributions to a nominated account:

☐ Quarterly

☐ Half Yearly

OR

☐ Cancel an Automatic Income Distribution Facility

Please note:

- Establishing an Automatic Income Distribution Facility will replace any income preferences on your account. If you cancel an Automatic Income Distribution Facility your income preferences will default to Re-invest.
- Automatic Income Distribution Facility payments are paid from your Cash Account on the 25th day of the month following the end of the relevant calendar quarter or half year.
- We may process your payment earlier than the specified date to ensure it reaches your nominated financial institution on time.

Step 4: Financial institution details

☐ Please pay the Regular Withdrawal or Automatic Income Distribution Facility to my nominated financial institution.

OR

☐ Please pay the Regular Withdrawal or Automatic Income Distribution Facility* to my financial institution below:

Financial institution

Account name

BSB – Account number

*Your Automatic Income Distribution Facility (AIDF) can only be paid to your nominated financial institution account.

☐ I want to update my nominated financial institution with the above details for all future withdrawals.

If withdrawing to a new financial institution and there are multiple signatories (for example joint accounts or accounts with multiple trustees), all signatories are required to sign in Step 5.

Step 5: Client declaration and signature(s)

Important note: The Service Operator collects the information in this form for the purpose of updating the information it holds about you. The information provided in this form will be managed in accordance with the Privacy Policy at sfg.com.au/portfolio/privacy. If you do not provide all of the requested information, we may not be able to action your request.

I/We consent to the collection and use of my/our information by the Service Operator as specified.

I/We request the Service Operator, Navigator Australia Limited (NAL) ABN 45 006 302 987, AFSL 236466, to make the changes in this form to this account.

I/We confirm that I/we received, read and understood the current Shadforth Portfolio Service – Investment Offer Document (and any supplementary Offer Documents) and agree to be bound by its terms and conditions.

I/We understand that any directions which I/we have given here will override any similar directions that have previously given.

I/We declare that all details in this form are true and correct.

Please note: If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already received it). You generally cannot sign under Power of Attorney if acting on behalf on entity.

Signature

Signatory 1 Date / /

Role (such as Investor/Director/ Trustee as applicable)

Full name

Additional signatures (if required)

Signatory 2 Date / /

Role (such as Investor/Director/ Trustee as applicable)

Full name

Signatory 3 Date / /

Role (such as Investor/Director/ Trustee as applicable)

Full name

Signatory 4 Date / /

Role (such as Investor/Director/Trustee as applicable)

Full name

Signatory 5 Date / /

Role (such as Investor/Director/Trustee as applicable)

Full name

Signatory 6 Date / /

Role (such as Investor/Director/Trustee as applicable)

Full name

Common seal
(of company) if required

Please forward all correspondence and enquiries to

Post: Shadforth Portfolio Service
GPO Box 264, Melbourne VIC 3001

Email: portfolioservice@sfg.com.au

Telephone: 1800 931 792

Web: portfolio.sfg.com.au

Issued by Navigator Australia Limited (NAL) ABN 45 006 302 987, AFSL 236466, as Service Operator of Shadforth Portfolio Service – Investment.

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