

Periodic Payment Form

All funds

Use this form if you are arranging a regular payment from your U Ethical account to an external account.

1 Investor details

Investor number

Investor name

2 Type of request

New Change Cancel

3 Fund (Please select which fund you require direct debit from)

Enhanced Cash Portfolio Enhanced Cash Trust Australian Equities Trust – Retail
 Growth Portfolio Australian Equities Trust – Wholesale International Equities Trust

4 Periodic payments details

Weekly Fortnightly Monthly Quarterly Half-yearly

Start date DD / MM / YYYY

End date DD / MM / YYYY

Or Until further notice

Amount

\$

Amount in words

BSB

Account number

Account name

Bank account validation

Please provide one of the following validations for this bank account (unless validation has previously been provided). A cancelled cheque, a deposit slip or a copy of any documentation from your bank showing the BSB, account number and account name.

5 Authorisation and acknowledgments

By signing this Periodic Payment Request I/we acknowledge having read, understood and accept the terms and conditions applying to a periodic payment request as set out in the Product Disclosure Statement - Non-cash payment products.

Investor 1/Signatory 1

Given Name

Family Name

Signature

Date of request DD / MM / YYYY

Investor 2/ Signatory 2

Given Name

Family Name

Signature

Date of request DD / MM / YYYY