

# 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)

#### Wholesale

Cash Management Trust  Enhanced Cash Trust  Diversified Income Trust  
 Growth Portfolio  Australian Equities Trust  International Equities Trust

#### Retail

Cash Management Trust  Australian 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

 /  /