ENDOWMENT FUND Redemption Form

Please Complete:

1. INVESTOR INFORMATION			3. SETTLEMENT INSTRUCTIONS				
Parish/Organisation Name			X	Existing AFM Account			
Account Name				AFM Account Name			
Account Code				AFM Account Number	r		
2. REDEMPTION DETAILS			X	or Electronic Funds Tra			
\$	OR X	Full redemption		Name of Financial Inst	litution		
Redemption Reason				Account Name			
			×	Branch			
				BSB	Account Number		
				-			
				or Cheque Payee (if third party ch	heque is required)		
Please attach any supporting documentation	on						

4. AUTHORISATION

I/We authorise Anglican Funds Management (AFM) to redeem funds from the specified account. I/We confirm that we are duly authorised to make this redemption on behalf of our Parish/organisation. In consideration of the redemption amount listed above, I/ We waive all rights to further claims on AFM under the above investment for the part so redeemed. I/We acknowledge that funds will be redeemed on the first working day of the month following AFM's receipt of a duly authorised Redemption Form. Name Name

Signature		Signature	2				
Date		Date					
5. DIOCESA	N OFFICE APPROVAL						
Required for parish redemptions, or redemptions of trusts or endowments administered by the Anglican Parishes.							
Name	ame Signature			Date			
Office Use Only Units	Office Use Only Units		by	Date			
For assistance in completing this form please contact AFM:		VI: Please re	Please return the completed form to:				
Phone:	1300 059 305/08 8305 9305	Email:	Email: enquiries@anglicanfundsmanagement.com.au				
Email:	enquiries@anglicanfundsmanageme	ent.com.au Mail:	Mail: Anglican Funds Management				

North Adelaide, SA, Australia 5006

Please visit our website at https://anglicanfundsmanagement.com.au for further information on our products and services.