



ALLIANCEBERNSTEIN®

AB Funds

6 October 2025

Withdrawal Request Form

Please complete this Withdrawal Request Form if you are an investor in an AB Fund and you want to make a partial or full withdrawal of your investment.

Please refer to the relevant AB Fund Product Disclosure Statement for information about withdrawing your investment.

Please contact us at (02) 9255 1299 or by email at aust_clientservice@alliancebernstein.com with any questions about payments.

Please send your completed withdrawal request form to us by mail, courier or fax to:

Address: AllianceBernstein Unit Registry
C/- MUFG Corporate Markets (AU) Limited
Locked Bag 5038
Parramatta NSW 2124

Fax: (02) 9287 0372

Full Name _____

Number _____

| AB Fund Name | Amount to be Withdrawn | Number of Units to be Withdrawn | Full Withdrawal |
|--------------|------------------------|---------------------------------|-----------------|
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AB Funds Withdrawal Request Form

Payment Instructions

- ☐ Please pay pre-nominated account
- ☐ I/we do not have a pre-nominated account. Please pay the account listed below

Bank name _____

Account Name _____

Branch/BSB No. _____

Account No. _____

Only Australian dollar—denominated accounts with Australian banks or financial institutions in the name of the Applicant will be accepted.

Authorised Signatures

Signing Instructions

Individuals—where an investment is in one name, the investor must sign.

Joint Holdings—where an investment is a joint holding in more than one name, all investors must sign.

Companies incl. corporate trustees—two directors or a director and a secretary must sign, unless you are a sole director.

Trusts—all the trustees or the responsible entity must sign.

Power of Attorney—Please provide a certified copy of the Power of Attorney. If signed by an attorney, the attorney certifies that the Power of Attorney has not been revoked.

Applicant(s) Signature(s)

First individual, director or authorised signatory

Signature _____

Date _____

Print Name _____

Office held (e.g., director/secretary/sole director/ attorney/
trustee or other (please specify)) _____

Second individual, director/company secretary or authorised signatory

Signature _____

Date _____

Print Name _____

Office held (e.g., director/secretary/sole director/ attorney/
trustee or other (please specify)) _____



AllianceBernstein Australia Limited

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