

Withdrawal Request Form

AB Funds

25 October 2023

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 C/- Link Market S Locked Bag 5038 Parramatta NSW	services Pty Limited 3		
Fax:	(02) 9287 0372			
Full Name				
Number				
AB Fund Name	е	Amount to be Withdrawn	Number of Units to be Withdrawn	Full Withdrawal
AB Fund Name	е	Amount to be Withdrawn	Number of Units to be Withdrawn	Full Withdrawal
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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 fir	nancial 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 r	name, all investors must sign.			
Companies incl. corporate trustees—two directors or a director and a s	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Power of Attorney –Please provide a certified copy of the Power of Attorney has not been revoked.	rney. If signed by an attorney, the attorney certifies that the Power			
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))			

