

Periodic Payment

PLEASE USE THIS FORM IF YOU WOULD LIKE TO REQUEST A REGULAR/PERIODIC PAYMENT TO BE MADE FROM YOUR U ETHICAL ACCOUNT.

Complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

1. Ensure that you have done the following:

- written your account number and account name as it appears on your latest statements
- completed **sections 2** and **3** of this form
- provided your correct bank account details
- signed the form as per the '**Signing Instructions**' in **section 5**

2. Send your documents to us.

You can return your form by email or post.

Scan and email to transactions@uethical.com

Please include your account number in the subject line of your email.

Send by post: C\ - < U Ethical >
GPO Box 804
Melbourne VIC 3001
Australia

Client Service contact details

Phone: 1800 996 888 | **Email:** info@uethical.com

1. Investor details

Account number

Account name

2. Type of Request

New Change Cancel

3. Periodic Payment details

Please indicate the amount you wish to be withdrawn against the appropriate fund. U Ethical periodic payments will be made on the 15th day of the month at the frequency nominated.

Fund name	AMOUNT \$	Monthly	Quarterly	Half Yearly
Wholesale				
U Ethical International Equities Trust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Australian Equities Trust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Growth Portfolio		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Diversified Income Trust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Enhanced Income Trust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Cash Management Trust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail				
U Ethical Australian Equities Trust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Cash Management Trust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Payment of proceeds

U Ethical redemption proceeds will be paid to the bank account on file unless otherwise specified below.

Please provide the financial institution account details in order to receive your periodic payments. Payments will only be made to a financial institution account held in the name of the investor/s. Payments will not be made into third party financial institution accounts.

Financial institution name

BSB

Account number

Account name

Note: Please provide a copy of a bank statement for verification purposes.

5. Signing instructions

By completing and signing this form, you:

- authorise us to act according to the instructions on this form,
- acknowledge that the instructions on this form supersede all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

Who needs to sign this form?

Individual - where the investment is in one name, the account holder must sign.

Joint Holding - where the investment is in more than one name, all account holders must sign.

Companies - where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust - the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney - if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of investor 1, director or authorised signatory

Date (DD/MM/YYYY) / /

Please print full name

Capacity	
Director	<input type="checkbox"/>
Sole director and company secretary	<input type="checkbox"/>
Authorised signatory / Power of Attorney	<input type="checkbox"/>

Signature of investor 2, director or authorised signatory

Date (DD/MM/YYYY) / /

Please print full name

Capacity	
Director	<input type="checkbox"/>
Sole director and company secretary	<input type="checkbox"/>
Authorised signatory / Power of Attorney	<input type="checkbox"/>