

# Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062



**RETURN THIS FORM TO:**

**NSW/ACT** PO Box 122, Epping NSW 1710    **VIC/TAS** PO Box 377 Hawthorn VIC 3122  
**SA/NT** PO Box 432 Unley SA 5061    **WA** PO Box 57 Burswood WA 6100  
**Ph - 1300 650 542**    **Fax - 1300 784 699**    **Email [clients@bfs.org.au](mailto:clients@bfs.org.au)**    **Web [www.bfs.org.au](http://www.bfs.org.au)**

## Request for Early Redemption of Term Investment

**Please note** that BFS, at its discretion, may redeem Term Investments before maturity for reasons of hardship only. Funds required before maturity for non-hardship reasons will require 31 notice before funds can be released.

Client Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Requested by: \_\_\_\_\_

*(if not an individual account include contact name and number)*

Date Funds Required: \_\_\_\_\_  Full Redemption  Partial Redemption \$ \_\_\_\_\_

Investment No: \_\_\_\_\_ Term Start Date: \_\_\_\_\_ Maturity Date : \_\_\_\_\_ Interest Rate \_\_\_\_\_%

Reason for request:

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I/we are aware that there will be an Early Redemption fee, as per the BFS Account and Service Fees Schedule, and that interest on the matured amount will be received at a reduced rate.

If approved, the funds are to be paid as follows:

Pay to my BFS account number \_\_\_\_\_

Pay to BSB: \_\_\_\_\_ Account number \_\_\_\_\_

Account name: \_\_\_\_\_

*Authorised signatory*

*Authorised signatory*

<b>SIGN HERE</b>	<b>SIGN HERE</b>
Date            /            /	Date            /            /

**BFS Office Use:**

ID confirmed (if not a signed request) by  Ph/Email Password  Security Questions  Other \_\_\_\_\_

Early Redemption Fee Charged     Recast Interest Rate \_\_\_\_\_%

BSB & Account Confirmed (Withdrawals of \$10,000 & above):  Previous transaction in account  Phoned Bank

**Approved & Authorised by:** \_\_\_\_\_ **Entered by:** (initials) \_\_\_\_\_ **Date:** \_\_\_\_\_