

Request to Redeem Term Investment

The Manager, APS Savings Ltd. 440 William Street West Melbourne, VIC 3003

Dear Sir/Madam,

APS NOTES

Certificate No.	
Investment No.	
Name of Investment	
Amount of Redemption	\$
Date of Redemption	

Please redeem the above-mentioned amount on the date specified and credit the funds to the following account

BSB No.	
Account No.	
Name of Account	

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Date.....

440 William Street West Melbourne VIC 3003 PO Box 326 North Melbourne VIC 3051 Phone 1300 131 809 info@apsbenefitsgroup.com.au www.apsbenefitsgroup.com.au APS Savings Ltd ACN 150 630 694 AFSL 405934