

## **Request to Withdraw Funds**

31 Day Notice of Withdrawal (NOW) Account

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

Dear Sir/Madam,

## APS Savings Ltd 31 Notice of Withdrawal (NOW) Account

Member No.	
Name of NOW Account	
Amount of Withdrawal	\$
Date Payment Requested	

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	

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