

## Request to Change Term Investment Instructions

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

Dear	Sir/l	Mad	am,

West Melbourne

VIC 3003

North Melbourne

VIC 3051

**APS NOTES** 

Certificate No.				
Investment No.				
Name of Investment				
Maturity Instuctions	Re-invest fo	or same term	R	edeem to account below
Amount to Redeem	Full Amoun	t		Partial Amount - \$
Interest Instructions	Added to the	ne principal	R	edeem to account below
Please change the above this form. Credit the following acco		Investment ir	struction	ns on receipt of this of
BSB No.				
Account No.				
Name of Account				
	e an application fo copy of these doc	rm for the tot uments by co	al amour	need to refer to the current at to be invested at the bonus ra us at
Account Holder 1 Signature		Accoun	t Holder 2	2 Signature
Date				
440 William Street	PO Box 326	<b>Phone</b> 1300	) 131 809	APS Savings Ltd

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www.apsbenefitsgroup.com.au

ACN 150 630 694

AFSL 405934