

## Withdrawal form

Please print in CAPITAL LETTERS and place a cross **X** in any applicable boxes.

| 1. Investor details  |                                 |                                    |                    |                     |  |
|--|---------------------------------|------------------------------------|--------------------|---------------------|--|
| Client number  | Investor name(s)                |                                    |                    |                     |  |
|  |                                 |                                    |                    |                     |  |
| Address  |                                 | Suburb                             | State              | Postcode            |  |
|  |                                 |                                    |                    |                     |  |
| Email address  |                                 |                                    | Contact nur        | Contact number      |  |
|  |                                 |                                    |                    |                     |  |
| 2. Withdrawal details  |                                 |                                    |                    |                     |  |
|  |                                 |                                    |                    |                     |  |
| Fund(s)  |                                 |                                    | Ful                | l withdrawal        |  |
| AMP Income Generator Fund  Multi-Asset Fund  |                                 | \$                                 | or                 |                     |  |
|  |                                 | \$                                 |                    |                     |  |
|  |                                 | T                                  | or                 |                     |  |
| Other  |                                 | \$                                 | or                 |                     |  |
| If your investment falls below however, to accept lower accordance.  3. Withdrawal payment ins  Pay to current nominated a | unt balances.<br>tructions      | investment and pay the proceeds    | s to you. We reser | ve the right,       |  |
| Pay to nominated account   |                                 |                                    |                    |                     |  |
| -  |                                 | minated account details on file v  | ve cannot accept   | faxed instructions. |  |
| 4. Nominated account   |                                 |                                    |                    |                     |  |
| Complete this section if you w nominated account we have o I/We would like payment:  | •                               | ds paid directly into an account v | which is different | from the            |  |
| Name of bank/financial institu   | ution                           | Account name                       |                    |                     |  |
| ,  |                                 |                                    |                    |                     |  |
| Branch name  |                                 | BSB number Acco                    | unt number         |                     |  |
|  |                                 |                                    |                    |                     |  |
| in the registered unitholder's r<br>instructions will not be proces  | name. Requests for payment to t | counts can be accepted. For secu   |                    |                     |  |

**Issuer and responsible entity:** ipac Asset Management Limited (ABN 22 003 257 225, AFSL 234655) is the issuer and responsible entity.

## 5. Declaration and signature

I/We wish to apply to withdraw my/our units in the Fund(s) nominated in section 2, in accordance with the terms of the Constitution(s).

## Investor signature(s)

[] Important: If you are signing as a trustee, you warrant that, at the time of signing, you are authorised under the relevant trust deed to perform the acts contemplated by this form. If you are signing under power of attorney, you warrant that, at the time of signing, you have not received notice of revocation of that power of attorney.

A certified copy of the power of attorney must be given to us with the completed form, unless previously provided.

| Signatory 1                 |                                    |                              |                   |                 |
|-----------------------------|------------------------------------|------------------------------|-------------------|-----------------|
| Title                       | Surname                            | Given                        | n name            |                 |
|                             |                                    |                              |                   |                 |
| Signing as (please cross)   |                                    |                              |                   |                 |
| ☐ Individual                | ☐ Sole trader                      | Trustee                      |                   |                 |
| Director                    | ☐ Joint investor                   | Partner                      |                   |                 |
| ☐ Sole director             | Agent                              | Attorney                     |                   |                 |
| Representative of associa   | ation/co-operative/government      | body – please specify positi | ion (eg chairman) |                 |
|                             |                                    |                              |                   |                 |
| Signature                   |                                    |                              |                   |                 |
|                             |                                    |                              |                   | Date            |
| X                           |                                    |                              |                   | D D M M Y Y Y Y |
|                             |                                    |                              |                   |                 |
| Signatory 2                 |                                    |                              |                   |                 |
| Title                       | Surname                            | Given                        | n name            |                 |
|                             |                                    |                              |                   |                 |
| Signing as (please cross)   |                                    |                              |                   |                 |
| ☐ Joint investor            | Trustee                            | ☐ Company secreta            | ıry               |                 |
| Partner                     | Director                           | ☐ Agent                      |                   |                 |
| Attorney                    |                                    |                              |                   |                 |
| (if more than two attorneys | , please provide names and signati | ures)                        |                   |                 |
| Representative of associa   | ation/co-operative/government      | body – please specify positi | on (eg chairman)  |                 |
|                             |                                    |                              |                   |                 |
| Signature                   |                                    |                              |                   |                 |
| V                           |                                    |                              |                   | Date            |
| X                           |                                    |                              |                   | D D M M Y Y Y   |
|                             |                                    |                              |                   |                 |
| Where to send this form     |                                    |                              |                   |                 |
| Mail (no stamp required) or | email this completed form to:      |                              |                   |                 |
| National Mutual Funds Ma    | inagement Ltd                      |                              |                   |                 |
| Reply Paid 125              |                                    |                              |                   |                 |
| PARRAMATTA NSW 2124         |                                    |                              |                   |                 |
| trustinfo@amp.com.au        |                                    |                              |                   |                 |

amp.com.au