

Withdrawal form

Wholesale – Managed Investment Funds

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

<div style="background-color: #2e5496; color: white; padding: 2px;">1. Investor details</div> <p>Client number <input type="text" value="T"/></p> <p>Name of investor(s) <input type="text"/></p> <p>Address <input type="text"/> <input type="text"/></p> <p>Suburb State Postcode <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Email address <input type="text"/></p> <p>Contact number <input type="text"/></p> <div style="background-color: #2e5496; color: white; padding: 2px;">2. Name of fund to which request relates</div> <input type="text"/> <p>Please complete a separate withdrawal form for each withdrawal request.</p> <div style="background-color: #2e5496; color: white; padding: 2px;">3. Withdrawal amount</div> <p>Please complete either section 3A or 3B or cross the Full withdrawal box.</p> <p>Section 3A – Amount to be withdrawn <input type="text" value="\$"/></p> <p>Section 3B – Number of units to be withdrawn <input type="text"/></p> <p><input type="checkbox"/> Full withdrawal</p>	<div style="background-color: #2e5496; color: white; padding: 2px;">4. Payment details</div> <p><input type="checkbox"/> Pay to current nominated account</p> <p><input type="checkbox"/> Pay to account nominated below:</p> <p>Bank/financial institution <input type="text"/></p> <p>Account name <input type="text"/></p> <p>Branch name <input type="text"/></p> <p>BSB number Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <div style="background-color: #2e5496; color: white; padding: 2px;">5. Declaration and signature(s)</div> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p>! 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.</p> </div> <p>I/We acknowledge and agree to the maximum extent permitted by law to release, discharge and indemnify the responsible entity from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of the instructions given in this withdrawal form.</p> <p>I/We acknowledge that this withdrawal request is subject to the terms and conditions set out in the PDS for the relevant fund in which the units are being withdrawn and the constitution of those funds as amended at the time of the withdrawal, including that this withdrawal request will be cancelled if a wind up of the fund commences.</p>
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Issuer and Responsible Entity ipac Asset Management Limited (ABN 22 003 257 225, AFSL 234655) referred to in this form as 'the Responsible Entity'.

Fund Services Provider National Mutual Funds Management Ltd (ABN 32 006 787 720, AFSL 234652) referred to in this form as 'NMF', 'we' or 'us'.

Enquiries: Please call our Client Services team on 133 267 between 8.30am to 5.30pm Melbourne time, Monday to Friday.

5. Declaration and signature(s) (continued)

Signatory 1

Title

Surname

Given name

Signing as (please cross)

- Individual Sole trader Trustee
 Director Joint investor Partner
 Sole director Agent Attorney
 Representative of association/co-operative/government body – please specify position (eg chairman)

Signature

Date

Signatory 2

Title

Surname

Given name

Signing as (please cross)

- Joint investor Trustee Company secretary
 Partner Director Agent
 Attorney
(if more than two attorneys, please provide names and signatures)
 Representative of association/co-operative/government body – please specify position (eg chairman)

Signature

Date

Where to send this form

Mail (no stamp required) or email this completed form to:

National Mutual Funds Management Ltd
Reply Paid 125
PARRAMATTA NSW 2124
trustinfo@amp.com.au

amp.com.au