## **Withdrawal Form**



INVESTMENT DETAILS		
Fund Name:		
Investor Number:		
Investor Name:		
Contact number:		
WITHDRAWAL DETAILS		
Fund Name:		
Units	Dollars	All Units
	OR	OR
PAYMENT DETAILS		
Pay to the nominated bank account	on file Pay to n	ew bank account (please provide details below)
Account name:		
BSB Number:		
Account Number:		
Name of Financial Institution:		
Please attach a copy of your bank statement so that we can verify the details provided above.		
DECLARATION AND SIGNATURE		
<ul> <li>Please sign this form below. This form must be signed as per the current signing instructions that we have on record.</li> </ul>		
• If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please include a certified copy of the power of attorney, if it has not been previously provided, to Apex Fund Services Pty Ltd.		
Signature 1		Signature 2
Name:		Name:
Title:		Title:
Signature:		Signature:
Date:		Date:
Please return completed forms to Apex Fund Services via mail, fax or email.		

Mail: Apex Fund Services - Unit Registry

PO Box 189, Flinders Lane, Melbourne VIC 8009 Australia

Email: SSG.AUS@apexfs.com Fax: +61 2 9475 1417

If you require further assistance, please do not he sitate to contact  $\,$  Apex Fund Services on

+61 2 7201 9015 or via email SSG.AUS@apexfs.com.