

Before completing this form you must have a copy of the current product disclosure statement. Please complete a separate form for each Fund. Terms used in this form have the same meaning as defined in the PDS. Please refer to the relevant product disclosure statement for minimum account balances if you are making a partial withdrawal. Please use BLOCK LETTERS and black ink when completing this form. Completed forms should be sent by mail to:

FundBPO Registry
GPO Box 4968
Sydney NSW 2001

1. Investor Details

Investor number

Investor name

2. Investment Details

Fund name

Redeem all units OR

Redeem \$ amount OR

Redeem number of units

Payment method

Direct Credit to my financial institution

Cheque

Payments will only be made to the investor.

3. Investor Declaration

By signing this form, I/We wish to add to my/our existing investment as detailed in this Redemption Form. I/We agree to be bound by the conditions set out in the PDS.

Signature 1

Name

Date

Capacity

For non-individual investors, please state your capacity (ie. Trustee/Director/Secretary/Partner/ Sole Director/Sole Secretary)

Signature 2

Name

Date

Capacity

For non-individual investors, please state your capacity (ie. Trustee/Director/Secretary/Partner/ Sole Director/Sole Secretary)