

FundBPO Pty Ltd

Application for Withdrawal

There may be a minimum for withdrawal amounts and/or balances held within the Fund. Please refer to the PDS for this information.

1. Investment Details

Fund manager:

Fund name: Unit Class:

Client/portfolio name: Client/portfolio number:

Daytime Contact number:

2. Payment Details

Amount of this withdrawal request: \$ **OR** UNITS **OR** all of my holding

How will this withdrawal be made? EFT to the nominated account on record*:

*Please note that you can only elect EFT for accounts that are already held on record. If you wish to add or change your account details please refer to Change of Details Form

3. Declaration and Signature

- Please sign this form below. This form must be signed as per the current signing instructions that we have on record.
- If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please mail a certified copy, if it has not been previously provided, to FundBPO Pty Ltd.

Signature of Investor or Company Officer:

Name:

Title: Date: __/__/____

A certified copy of the Power of Attorney is being mailed to FundBPO Pty Ltd to accompany this form:
Yes No

4. Completed Form to be sent to

Attn: Unit Registry – (name of the fund)
GPO Box 4968
Sydney NSW 2001

Email: registry@fundbpo.com (please enter name of the fund on the subject line)
Fax: 02 9251 3525

FundBPO Pty Ltd Change of Details

1. Investment Details

Fund manager:

Fund name: Unit Class:

Client/portfolio name: Client/portfolio number:

Daytime Contact number:

2. Details To Be Changed

I wish to change the following:

| | | | |
|----------------------|--------------------------|---------------------|--------------------------|
| Contact Details | <input type="checkbox"/> | TFN and/or ABN | <input type="checkbox"/> |
| Bank Account Details | <input type="checkbox"/> | Distribution Method | <input type="checkbox"/> |
| Financial Adviser | <input type="checkbox"/> | | |

3. New Contact Details

Please record the follow address details as

Postal Only Residential Only Postal & Residential

Address

Address

Suburb State Postcode

Home Phone Number Business Phone Number

Email Address

4. New Bank Account Details

I wish to nominate the following account to be used for all future payments made for

Distributions Only Redemptions Only Distributions & Redemptions

Name of Financial Institution

Branch Number Account Number

Account Name

Note: Please attach a copy of bank statement verifying the details provided above.

5. New Financial Adviser Details

Please change my record to show that my financial adviser is as follows:

Name of Adviser

Address of Adviser

Phone Number of Adviser

Email of Adviser

Dealer Group

6. New TFN/ABN Details

I wish to advise the following:

Tax File Number

Australian Business Number

7. New Distribution Preference Details

All future distributions are to be:

Reinvested

Direct Credited to my nominated Bank Account

Paid by Cheque

8. Declaration and Signature

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Signature of Investor or Company Officer:

Signature of Investor or Company Officer:

Name:

Name:

Title:

Title:

Date: ___/___/___

Date: ___/___/___

A certified copy of the Power of Attorney is being mailed to FundBPO Pty Ltd to accompany this form:

Yes

No