

Withdrawal Form

Send the completed form by fax to (02) 9323 6411 or by mail to: Ironbark Asset Management (Fund Services) Limited C/O- State Street Australia Limited - Unit Registry Level 14, 420 George Street

Ironbark Asset Management (Fund Services) Ltd ABN 63 116 232 154 | AFSL 298626

Level 14, 420 George Street Sydney NSW 2000	
Please print within the boxes in CAPITAL LETTERS. Mark appropriate boxes with a cross i.e.⊠	
Investor code	
Withdrawal details (Please refer to the	e relevant product disclosure statement before completing this section.)
I/we wish to withdraw from the fund as	follows (please select one option):
a) Number of units	
b) Amount A\$,
c) Entire investment	
Name of fund	
Investor name(s)	
Contact details (Phone or Email)	
Payment details (Note: Withdrawal pa	ayments will not be paid to third parties.)
I/we elect to receive payment by (pleas	se select one option):
a) Direct credit	
These details will override any bank acceptails are the same as those you have	count details previously provided to us. Please leave blank if your preferred bank e previously provided.
Name of Financial Institution	
Branch address	
Branch BSB	
Account number	
Account name	
b) Cheque	
The cheque will be mailed to the addre	ess recorded on our registry.
_	twal is signed by an attorney, the attorney states that there is no notice of the power of attorney under which this withdrawal is signed.
Investor 1/Director/Sole Director/Trus	
Signature	Signature
	Company seal (if required)
Print name	Print name

Date

Date

^{*}For company accounts:

^{1.} Please indicate your office held as sole director, director, or company secretary.

^{2.} Two directors, or one director and one company secretary must sign unless the company is a sole director company in which case the sole director must sign.