

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

Investor Number _____

Investor Name _____

WITHDRAWAL DETAILS

Funds held in the 90 Day Notice Account, 6 Month Notice Account, 12 Month Term, 2 Year, 4 Year and Select Investment Accounts can only be withdrawn at maturity otherwise early withdrawal fees may apply. See overleaf.

Is this a request for early withdrawal? ☐ Yes ☐ No

Withdrawal Amounts:

Account	Required Notice		Include re-invested Interest
Classic Notice Account	2 business days	\$ _____	
90 Day Notice Account	90 days	\$ _____	<input type="checkbox"/>
6 Month Notice Account	180 days	\$ _____	<input type="checkbox"/>
12 Month Term Account	30 days prior to maturity	<u>Maturity date</u> \$ _____	<input type="checkbox"/>
2 Year Account	60 days prior to maturity	<u>Maturity date</u> \$ _____	<input type="checkbox"/>
4 Year Account	3 months prior to maturity	<u>Maturity date</u> \$ _____	
Select Investment Account	N/A	\$ _____	

Funds to be paid to:

- ☐ Nominated bank account
 ☐ Classic Notice Account
 ☐ 90 Day Notice Account
 ☐ 6 Month Notice Account
☐ 12 Month Term Account
 ☐ 2 Year Account
 ☐ 4 Year Account*

* New Investments into the 4 Year Account must meet the minimum investment of \$250,000.

Reason for Withdrawal:

Do you wish to close this account? ☐ Yes ☐ No

If closing account, final interest owing will be credited to you within the first five (5) days of the following month.

INVESTOR/AUTHORISED SIGNATORIES

Signature _____

Full name _____

Date _____

Capacity to execute:

- ☐ Investor
 ☐ Director
☐ Power of Attorney
 ☐ Trustee

Signature _____

Full name _____

Date _____

Capacity to execute:

- ☐ Investor
 ☐ Director
☐ Power of Attorney
 ☐ Trustee

NOTE: We are unable to process any withdrawals from your account until these details have been verbally confirmed.

EARLY WITHDRAWALS

Note: Early Withdrawals are generally not permitted. They may be approved only in unforeseen and exceptional circumstances. Under the Fund Constitution early withdrawal is only permitted when considered by the Responsible Entity to be appropriate (sufficient liquidity held or substitute investor available). Completion of this form does not constitute an approved request for an early withdrawal.

If Early Withdrawal is approved prior to required notice period, then an Early Withdrawal Fee will be payable:

- **90 Day Notice Account, 6 Month Notice Account, 12 Month Term Account or 2 Year Account — 1.5% of the amount redeemed** (minimum fee of \$500)
- **4 Year Account — 3.5% of the amount redeemed** (minimum fee of \$500)
- **Select Investment Account — 2.5% of the amount redeemed** (minimum fee of \$500)

Reason for withdrawal (please note that documentation to support the request is encouraged to be attached and submitted with the request):

RETURN COMPLETED, SIGNED FORM TO:

**The Manager, Investor Services
La Trobe Financial
GPO Box 2289
Melbourne Victoria 3001 Australia**

ENQUIRIES:

Email: **investorservices@latrobefinancial.com.au**
Toll Free: **1800 818 818**

Office use only

Verbally confirmed by _____

Early Withdrawal Fee _____

Authorised by _____

Authorised by _____

Notes: