



WITHDRAWAL FORM

EQUITRUST CAPITAL

1. Investor/s Details

First Name/s	Surname
First Name/s	Surname
Company / Trust Name (If applicable)	
Client Number	Investment Number

2. Withdrawal Details

Please note that all withdrawals from the Fund are currently suspended.

I request withdrawal of my total investment Please tick if relevant.

Alternatively please complete the amount of Units requested:

Units requested	Maturity Date (if Applicable)
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3. Payment Instructions

Funds will be remitted to the bank account we currently hold on file. Please complete the following section if you wish to nominate an alternate bank account for this withdrawal

Financial Institution:	BSB: _ _ _ / _ _ _
Account Name:	Account Number:

4. Investor's signature(s)

(must be completed)

Please sign this form where indicated below. This form must be signed as per the current signing instructions we have on record for your investments.

- If you have not made any amendments, the current signatory/s for the account are the individuals who signed the initial investment application form.
- If signed under Power of Attorney, the Attorney certifies that he or she has not received notice of revocation of the Power of Attorney. Please include a certified copy of the Power of Attorney document with this form, if it has not previously been provided to Equititrust.

Signature of Investor No. 1 or company officer Date

Signature of Investor No. 2 or company officer Date

5. Submitting the Form

By Post:
 ECG Administration
 Reply Paid 8111
 GOLD COAST MC QLD 9726

By Email:
 info@equititrust.com.au

By Fax:
 +(617) 5527 5900

Office Use Only

Equititrust Limited AFSL No. 230 471 ARSN 089 079 854

Signature checked against PDS / POA

Early Withdrawal Penalty

I15 Investment No. _____

Approved _____

Authorised _____

Date ____/____/____

Date ____/____/____