# Affluence

# Withdrawal Request Form

Contact Boardroom on 1300 397 812 or affluence@boardroomlimited.com.au if you have any questions.

#### Important Information:

The cut-off time for withdrawal requests is 4.00pm AEDST on the last business day of each month. In normal circumstances, withdrawals are processed on the first business day of the following month and are paid within 15 days from the processing date. Withdrawal requests received after the cut-off time will be processed as part of the following month's withdrawal requests. Units are redeemed at the last withdrawal price prior to the payment date and not when the withdrawal request is lodged. See Section 5 of the IM for more information.

## 1. Withdrawal Request

| Investment Name   |                              | execute                             |
|---|------------------------------|-------------------------------------|
|   |                              | I/We aut                            |
| Investment Code   |                              | instructi<br>instructi<br>instructi |
| Is this a full withdrawal?                                  | Yes 🗌 No 🗌                   | Investor                            |
| If no, please state units:                                  |                              | ] SIGN                              |
| OR  |                              |                                     |
| Amount:   | \$                           |                                     |
|   |                              | Full Nar                            |
| Please nominate a bank account for your withdrawal proceeds |                              | If a Com                            |
| to be paid into. This mus                                   | st be in the investors name. | Director                            |
| The account in which  | distributions are paid; or   |                                     |
| Name of Bank or Financ                                      | ial Institution              | Investor                            |
| Address of Bank or Fina                                     | ncial Institution            | SIGN                                |
| Street Name   |                              |                                     |
| Suburb  |                              |                                     |
| State:  | Postcode:                    | Full Nar                            |
|   | F OSICOUE:                   | lf a Com                            |
| Account Name  |                              | Director                            |
|   |                              |                                     |
| BSB   | Account Number               | Retu                                |
|   |                              |                                     |
|   |                              |                                     |

## 2. Sign Here

This section must be signed for your instructions to be d.

thorise you to act in accordance with my/our ions set out above. I/We acknowledge that these ions supersede and have priority over all previous ions in respect to my/our investment.

#### 1

| SIGNATU      | JRE A  |
|--------------|--|
|              | Date: D D / M M / Y Y                            |
| Full Name    |  |
| If a Company | y Officer or Trustee, please specify your title: |
| Director     | Sole Director Trustee<br>& Company Secretary     |
| Investor 2   |  |
| SIGNATU      | JRE B  |
|              |  |
|              | Date: DD/MM//YY                                  |
| Full Name    | Date: DD7 MM / YY                                |
|              | y Officer or Trustee, please specify your title: |
|              | y Officer or Trustee, please specify your title: |

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## How to complete this form

#### 1. Withdrawal Request

Please provide the Investment Name, Investment Code and amount of the withdrawal request either full, by units or by dollars. You need to provide bank account details for which you would like the withdrawal payment to be made, or tick the box to have the redemption payment made to your account to which distributions are paid.

#### 2. Sign Here

This section <u>must</u> be signed for your instructions to be executed.

You must sign this form as follows in the spaces provided and in accordance with the original application form:

#### Joint Holding

Where the investment is in more than one individual's name, all parties must sign for the request to be executed.

#### Power of Attorney

To sign as Power of Attorney, you must have already lodged certified documents with Affluence. Alternatively, attach an originally certified photocopy of the Power of Attorney to this form when you return it. The Attorney may also be required to provide identification documents. Please contact Boardroom on 1300 397 812 or affluence@boardroomlimited.com.au for more details.

#### **Companies**

A Director can sign jointly with another Director or a Company Secretary. A sole Director and Company Secretary can sign alone. Please indicate the office held by ticking the appropriate box.

The company seal should be affixed if the constitution requires.

## 3. Returning Form

This form must be completed in full and returned to Boardroom Pty Limited, GPO Box 3993, Sydney NSW 2001.

If you are experiencing any problems completing this form or have any queries regarding the completion of this form please feel free to contact Boardroom on 1300 397 812 or affluence@boardroomlimited.com.au.