

# 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  
Sydney NSW 2000

Ironbark Assest Management  
(Fund Services) Limited  
ABN 63 116 232 154  
AFSL 298626

Please print within the boxes in CAPITAL LETTERS. Mark appropriate boxes with a cross i.e.

## Investor code

**Withdrawal details** (Please refer to the 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 payments will not be paid to third parties.)

I/we elect to receive payment by (please select one option):

### a) Direct credit

These details will override any bank account details previously provided to us. Please leave blank if your preferred bank details are the same as those you have previously provided.

Name of Financial  
Institution

Branch address

Branch BSB

Account number

Account name

### b) Cheque

The cheque will be mailed to the address recorded on our registry.

## Signatures

If this withdrawal is signed by an attorney, the attorney states that there is no notice of revocation of the power of attorney under which this withdrawal is signed.

Investor 1/Director/Sole Director/Trustee\*

Investor 2/Director/Company Secretary/Trustee\*

Signature

Signature

Print name

Print name

Company seal (if required)

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.