

Withdrawal Request

Complete this form to request a withdrawal from a fund you are invested in.

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS WITHDRAWAL REQUEST FORM

PLEASE RETURN THIS FORM TO:
 Vasco Funds Services Pty Limited
 Level 4, 99 William Street
 Melbourne VIC 3000

1. Important information

The terms and conditions for withdrawing your investment will be stated in the relevant Information Memorandum (IM) or Product Disclosure Statement (PDS), together with the other important information taken to form part of the IM or PDS, for the fund you are invested in. From time to time Vasco Trustees Limited (Vasco) may update these documents. The latest version of these documents can be found on the Vasco website at www.vascofm.com or can be obtained by contacting us on +61 3 8352 7120.

2. Fund details

Fund (name)

Unit Class (if applicable)

3. Investor details

Investor number

Investor name

4. Withdrawal details

Please nominate the amount you wish to withdraw from the Fund.

Amount in Dollars

Amount in Units

Investment in full (please tick box)

\$, ,

OR , ,

OR

Please note, all proceeds will be paid to the account nominated on your Application Form or Change of Details form. Payments to accounts in the name of third parties will not be processed.

5. Declaration and investor(s) signature(s)

Please read the declarations below before signing this form. By signing the Withdrawal Request form I/we declare that:

- I/we have read and understood the terms of the relevant Information Memorandum (IM) or Product Disclosure Statement (PDS) for the Fund; and
- I/we acknowledge and agree that neither Vasco Trustees Limited (Vasco) nor any other person will (to the extent the law allows) be liable to me/us and I/we will not bring any claim or action against Vasco nor any other person, by reason of, or in connection with this Withdrawal Request.

All account signatories must sign below.

Investor 1 / Director / Trustee

Signature Date

Surname

Given name(s)

Capacity Investor Director Trustee Other:

Investor 2 / Director / Company Secretary

Signature Date

Surname

Given name(s)

Capacity Investor Director Trustee Other: