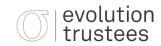
Withdrawal Form



WITHDRAWAL FORM



Fund Administrator



Responsible Entity and Trustee

If you require further assistance, please do not hesitate to contact **Apex Fund Services** on 1300 133 451 or via email **registry@apexgroup.com**



INVESTMENT DETAILS									
Investor Name									
Investor Number	Contact Number								
WITHDRAWAL DETAILS									
und Name Units			Dollars All Units						
				or			or		
PAYMENT DETAILS									
Pay to the nominated bank account on file Pay to new bank account (please provide details be								de details below)	
Account Name		BSB Number				Acco	Account Number		
Name of Financial Institution									
DECLARATION AND SIGNATURE Please sign this form below. This form must be signed If signed under power of attorney, the attorney certificattorney. Please include a certified copy of the power Services Pty Ltd. Signature 1	fies that he	/she ha	as not has r	t recei	ved notice of	revoca	tion of	the power of	
			Signature 2						
Name		Name							
Title		Title							
Signature		Signat	ure						
Date		Date							
Please return completed forms to Apex Fund Service	s via mail,	fax or	emai	I.					
Mail: Apex Fund Services - Unit Registry Box 4968, Sydney NSW 2001		Email: registry@apexgroup.com GPO Fax: +61 9251 3525							
If you require further assistance, please do not hesitate email $ \frac{\text{registry@apexgroup.com.}}{\text{registry@apexgroup.com.}} $	to contact	Apex	Fund	Servi	c es on 1300 1	33 45	1 or via	a	