



Withdrawal Request Form

Bennelong Avoca Emerging Leaders Fund

Please use capital letters and black ink to complete this form. Please mark boxes with an X.

If you have any questions, please contact Bennelong Funds Management **Client Services on 1800 895 388 (Australia) or 0800 442 304 (New Zealand)** or email (client.services@bennelongfunds.com).

Investor details

Investor number

Investor name(s)

Company or trust name (if applicable)

Postal address

Suburb

State

Postcode

Country

Phone (H)

Phone (W)

Mobile

Facsimile

Email

Please send this form* to Bennelong Funds Management Ltd care of our Administrator:

Post: RBC I & TS
C/- Shareholder Services
GPO Box 4471, Sydney NSW 2001

Fax: Attention: RBC Shareholder Services
+61 2 8262 5492

Alternatively, you can scan and email this form directly to Bennelong Funds Management Ltd.
Email: client.services@bennelongfunds.com

*** Please note: completed withdrawal instructions must be received before 2.00 p.m. Melbourne time on the same Business Day to receive that day's withdrawal price. If your completed withdrawal instructions are received after 2.00 p.m. on a Melbourne Business Day, you will generally receive the effective price of the next Business Day.**

Generally, your withdrawal proceeds will be available within 14 business days after receiving your withdrawal instructions. We do not, however, guarantee this time frame. Please refer to the Bennelong Avoca Emerging Leaders Fund PDS for more information about withdrawals.

Responsible Entity: Bennelong Funds Management Ltd (ABN 39 111 214 085) (AFSL 296806)

Effective date: 1 July 2018

Withdrawal instructions

Please provide the \$ amount or the number of units you would like to withdraw. **Note, as outlined in the PDS, redemption requests must be for a minimum of \$5,000.** If this request results in you holding less than the minimum investment amount, we may treat this request as being for all of your units. Alternatively, mark the appropriate box if you would like to withdraw from the fund in full.

	Full withdrawal	Partial withdrawal	\$ Amount	No. of units
<input type="checkbox"/> Bennelong Avoca Emerging Leaders Fund (BFL0008AU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Payment details

Please select from one of the two options outlined below. We can only send withdrawal proceeds to an Australian financial institution account.

1. Direct credit my current pre-nominated account; **OR**

2. Direct credit the account nominated below:

The new bank account you nominate must be in your name or a company/trust name. The account must be Australian domiciled in Australian dollars and in the investor's name. If you are nominating a new bank account you must post this original signed form to us. You cannot fax or email or send a copy to us.

Bank/Institution

Address

Suburb

State

Postcode

Country

Account name

BSB number

Account number

Declaration and signatures

The investor or another person appropriately authorised to sign on the investor's behalf must sign this form. If this form is signed under a Power of Attorney, the attorney declares he/she has not received any notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this form unless we have previously sighted it). If this form is executed by a company, the form must be executed in accordance with the company's constitution and the Corporations Act 2001 (Commonwealth) and its amendments, or under the hand of an authorised officer or attorney who has not received notice of any revocation.

We cannot process withdrawals until we have cleared application cheques and completed all necessary documentation.

This form must be signed by all authorised signatories.

- I/We hereby request to withdraw the above amount or units from my account and to have the amount paid as specified.
- I/We declare that I/we have read, understood and agreed to the terms and conditions contained within the Bennelong Avoca Emerging Leaders Fund PDS and any related incorporated material to which this form applies.
- I/We declare all the details given in this form are correct and true.

Signature of investor 1 or company officer

Date

Print full name

Capacity

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Joint Investor | <input type="checkbox"/> Sole director |
| <input type="checkbox"/> Sole Trader | <input type="checkbox"/> Director |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Agent of the investor |

Signature of investor 2 or company officer

Date

Print full name

Capacity

- | | |
|---|--|
| <input type="checkbox"/> Joint Investor | <input type="checkbox"/> Director |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Company secretary |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Agent of the investor |

Company seal (if applicable)

Note: All information provided is in accordance with the Privacy Act 1988 and its amendments. Bennelong Funds Management's Privacy Policy is available on our website (bennelongfunds.com) or by contacting Client Services.