

## WITHDRAWAL FORM

### ALTRINSIC GLOBAL EQUITIES TRUST

**DATE: OCTOBER 2019**

**Please use this form if you are an existing investor in the Altrinsic Global Equities Trust (Trust) and wish to make a withdrawal from your investment.**

Please complete the relevant sections in BLOCK letters, using BLACK or BLUE INK. If you make an error while completing this form, please do not use correction fluid. Cross out your mistakes and have all signatories initial the changes.

Before completing this form you should check you have read the latest up to date information for the Trust, by ensuring you have the current Product Disclosure Statement (PDS) and Product Guide, or any website updates for the Trust. A copy of the PDS, Product Guide, and any website updates are available free of charge from **mlcam.com.au**, or available by contacting Client Services on **1300 738 355(0800 404 988 if calling from New Zealand)**, or from your approved Australian financial adviser (Financial Adviser).

Please return your completed form to Registry Services by:

**Mail:** National Australia Bank Limited  
C/- OneVue Fund Services Pty Ltd  
GPO Box 804  
Melbourne VIC 3001 Australia

**Email:** [altrinsic\\_transactions@unitregistry.com.au](mailto:altrinsic_transactions@unitregistry.com.au)

Please ensure you include your account number in the subject line of your email.

If you have any questions, please contact Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**.

### 1. INVESTOR DETAILS

Account number

Account name

Contact phone number

Email address

#### Privacy notice

Your privacy is important to us. For more information on how we collect, use, share and handle your personal information, please refer to the NAB Group's Privacy Policy. A copy is available at **mlcam.com.au/privacy** or by contacting Client Services.

## 2. WITHDRAWAL DETAILS

Please indicate if you wish to make a full withdrawal by writing ALL in the units box.

Alternatively, please specify the dollar amount OR number of units you wish to withdraw if you are making a partial withdrawal.

Altrinsic Global Equities Trust  
(APIR code ANT0005AU)

A\$ Amount

No. of Units

We will credit the proceeds to your nominated financial institution account on file.

To nominate a different financial institution account, please complete a Change of Details Form available at [mlcam.com.au](http://mlcam.com.au) or on request from Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**.

Please note that we do not make cheque or third party payments.

If a withdrawal request results in you holding less than the minimum balance in the Trust, we may treat your withdrawal request as being for the whole of your investment in the Trust. Please refer to the PDS for further details.

All payments and transactions by the Trust are in Australian dollars. Payments into non-Australian bank accounts will be subject to currency conversion rates and may incur additional fees. Non-Australian resident investors should seek advice from their banking institution.

### 3. DECLARATION AND SIGNATURES

By signing this form I/we acknowledge that I/we have read and understood the current Trust's PDS, Product Guide to which this form relates and I/we agree to be bound by the PDS and Product Guide and the Trust's Constitution, each as replaced, supplemented or updated from time to time. I/We declare that all the details provided on this form are true and correct.

If this form is signed under a Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power. A certified copy of the Power of Attorney and FSC individuals identification form (available on [mlcam.com.au/forms](http://mlcam.com.au/forms)) for the Attorney should be submitted with this form unless Antares Capital Partners Ltd has already sighted it.

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Sole Director 1 <sup>1</sup>	<input type="checkbox"/> Director 1 <sup>1</sup>
<input type="checkbox"/> Attorney 1 <sup>2</sup>	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory <sup>1,3</sup>	

  

Signature   	Full name <input style="width: 90%;" type="text"/>  Date signed (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**Residential address**

Unit/Level <input style="width: 100%;" type="text"/>	Street number <input style="width: 100%;" type="text"/>	Street name <input style="width: 100%;" type="text"/>
Suburb/Town <input style="width: 100%;" type="text"/>		
State <input style="width: 100%;" type="text"/>	Postcode <input style="width: 100%;" type="text"/>	Country <input style="width: 100%;" type="text"/>

<input type="checkbox"/> Investor 2	<input type="checkbox"/> Individual trustee 2	<input type="checkbox"/> Director 2 <sup>1</sup>	<input type="checkbox"/> Secretary <sup>1</sup>
<input type="checkbox"/> Attorney 2 <sup>2</sup>	<input type="checkbox"/> Partner 2	<input type="checkbox"/> Authorised signatory <sup>1,3</sup>	

  

Signature   	Full name <input style="width: 90%;" type="text"/>  Date signed (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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State <input style="width: 100%;" type="text"/>	Postcode <input style="width: 100%;" type="text"/>	Country <input style="width: 100%;" type="text"/>

1 For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.  
2 Attorney's signature(s) must be witnessed.  
3 An Authorised Signatory List must have been previously provided.

**Signature of witness to Attorney 1**

Signature of witness to Attorney 1 signature (witness must be a third party, i.e. not the investor or the named Attorney)  
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 /  / 

**Residential Address**

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

Email address

**Signature of witness to Attorney 2**

Signature of witness to Attorney 2 signature (witness must be a third party, i.e. not the investor or the named Attorney)  
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 /  / 

**Residential Address**

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

Email address