

## WITHDRAWAL FORM

### ALTRINSIC GLOBAL EQUITIES TRUST

**DATE: DECEMBER 2024**

**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/aget**, or 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 by:

**Mail:** Registry Services  
Altrinsic Global Equities Trust  
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)**.

#### Privacy notice

We are committed to protecting your privacy. Any personal information we collect about you will be handled in accordance with our privacy policy, which outlines how we manage your personal information and how you may complain about a breach of your privacy. To obtain a copy, please visit **mlcam.com.au/privacy** or by contacting Client Services on **1300 738 355**.

## 1. INVESTOR DETAILS

Mandatory (\*)

Account number\*

Account name\*

## 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.

Trust	APIR Code	A\$ Amount	No. of Units
Altrinsic Global Equities Trust	ANT0005AU	<input type="text"/>	<input type="text"/>

### 2A. Payment of proceeds

We will credit the proceeds to your nominated financial institution account on file.<sup>1</sup>

To nominate a different financial institution account, please complete a Change of Details Form available at [mlcam.com.au/aget](http://mlcam.com.au/aget) or on request from Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**. Confirmation must be received that your bank account has been updated prior to acceptance of a redemption request.

**Please note:** Payments can only be made to accounts held in the investor's name. For joint investors, payments can be made to a bank account held solely in the name of one of the joint account holders, provided both signatories have signed this form. 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.

<sup>1</sup> All payments from the Trust are in Australian dollars. Payments into non-Australian dollar 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 have received a copy of the current PDS to which this form relates, have read it and have accepted the offer of units in the Trust made in the PDS in Australia or New Zealand. I/We acknowledge that my/our interest in the relevant Trust will be subject to the terms of the Constitution for the Trust (as amended 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 MLC Investments Limited has already sighted it.

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Sole Director 1 <sup>2</sup>	<input type="checkbox"/> Director 1 <sup>2</sup>
<input type="checkbox"/> Attorney 1 <sup>3</sup>	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory <sup>2,4</sup>	

Signature\*

Full name\*

Date signed (DD/MM/YYYY)\*

□ □ /

□ □ /

□ □ □ □

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<input type="checkbox"/> Investor 2	<input type="checkbox"/> Individual trustee 2	<input type="checkbox"/> Director 2 <sup>2</sup>	<input type="checkbox"/> Secretary <sup>2</sup>
<input type="checkbox"/> Attorney 2 <sup>3</sup>	<input type="checkbox"/> Partner 2	<input type="checkbox"/> Authorised signatory <sup>2,4</sup>	

Signature\*

Full name\*

Date signed (DD/MM/YYYY)\*

□ □ /

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<sup>2</sup> For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.  
<sup>3</sup> Attorney's signature(s) must be witnessed.  
<sup>4</sup> 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