



WITHDRAWAL FORM

INTERMEDE GLOBAL EQUITIES FUND

DATE: OCTOBER 2023

Please use this form if you are an existing investor in the Intermede Global Equities Fund (Fund) 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 Fund, by ensuring you have the current Product Disclosure Statement (PDS) and Product Guide, or any website updates for the Fund. A copy of the PDS, Product Guide, and any website updates are available free of charge from mlcam.com.au, 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
Intermede Global Equities Fund
GPO Box 804
Melbourne VIC 3001 Australia

Email: intermede_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.

	A\$ Amount	No. of Units
Intermede Global Equities Fund (APIR PPL0036AU)	<input type="text"/>	<input type="text"/>

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 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 Fund, we may treat your withdrawal request as being for the whole of your investment in the Fund. Please refer to the PDS for further details.

All payments and transactions by the Fund 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 Fund's current PDS, Product Guide to which this form relates and I/we agree to be bound by the PDS and Product Guide and the Fund'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) 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 ¹	<input type="checkbox"/> Director 1 ¹
<input type="checkbox"/> Attorney 1 ²	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory ^{1,3}	

Signature*	Full name*
	Date signed (DD/MM/YYYY)*
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

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

Signature*	Full name*
	Date signed (DD/MM/YYYY)*
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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