

CROMWELL FUNDS MANAGEMENT LIMITED ABN 63 114 782 777

## Withdrawal Request Form: Cromwell Phoenix Opportunities Fund ARSN 602 776 536

Please contact Cromwell Investor Services on 1300 268 078 or invest@cromwell.com.au with any enquiries.

### Important Information:

In normal circumstances, withdrawals will be paid monthly within 10 business days of the processing date. The cut-off time for withdrawal requests is 4.00pm AEST (or AEDT when observed) on the last Sydney business day prior to the 26th calendar day of any month. Withdrawal requests received after this time are taken as having been received on the next Sydney business day and will be processed as part of the following month's withdrawal requests. Units are redeemed at the withdrawal unit price based on the valuation of assets on the last day of that month. See Section 2 of the PDS for more information.

### PART 1 WITHDRAWAL REQUEST

Investment Name

Investment Code

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Is this a full withdrawal? Yes  No

If no, please state units:

OR

Amount:

\$ 

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**Please nominate a bank account for your withdrawal proceeds to be paid into. This must be in the investors name.**

The account in which distributions are paid; or

Name of Bank or Financial Institution

Address of Bank or Financial Institution

Street Name

Suburb

State <input type="text"/>	Postcode <input type="text"/>
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Account Name

BSB (Branch Number)

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Account Number

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### PART 2 SIGN HERE

This section must be signed for your instructions to be executed.

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our investment.

Investor 1

SIGNATURE A

Date:

D	D	/	M	M	/	Y	Y
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Name

If a Company Officer or Trustee, please specify your title:

Director  Sole Director  Trustee   
& Company Secretary

Investor 2

SIGNATURE B

Date:

D	D	/	M	M	/	Y	Y
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Name

If a Company Officer or Trustee, please specify your title:

Director  Company Secretary  Trustee

**Return to:**

✉ **Boardroom Pty Limited**  
**GPO Box 3993**  
**Sydney NSW 2001**

## PART 3

### HOW TO COMPLETE THIS FORM

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#### 1. Withdrawal Request

Please provide the Investment Name, Investment Code and amount of the withdrawal request by selecting full or by nominating the number of units or dollars. You need to provide bank account details for which you would like the withdrawal payment to be made, or tick the box to have the withdrawal payment made to your account to which distributions are paid.

#### 2. Sign Here

This section must be signed for your instructions to be executed.

You must sign this form as follows in the spaces provided and in accordance with the original application form:

##### **Joint Holding**

Where the investment is in more than one individual's name, all parties must sign for the request to be executed.

##### **Power of Attorney**

To sign as Power of Attorney, you must have already lodged certified documents with Cromwell. Alternatively, attach an originally certified photocopy of the Power of Attorney to this form when you return it. The Attorney may also be required to provide identification documents. Please contact Cromwell Investor Services on 1300 268 078 for more details.

##### **Companies**

A Director can sign jointly with another Director or a Company Secretary. A sole Director of a corporation can sign alone, pursuant to s204A of the Corporations Act. Please indicate the office held by signing in the appropriate space.

The company seal should be affixed if the constitution requires.

#### 3. Returning Form

This form must be completed in full and returned to Boardroom Pty Limited, GPO Box 3993, Sydney NSW 2001.

If you are experiencing any problems completing this form or have any queries regarding the completion of this form please feel free to contact Cromwell Investor Services on 1300 268 078.