

CROMWELL PHOENIX OPPORTUNITIES FUND WITHDRAWAL REQUEST FORM (POF)



CROMWELL FUNDS MANAGEMENT LIMITED ABN 63 114 782 777 AFSL 333214

If you require any information regarding your investments, please contact Cromwell Investor Services Team on 1300 268 078.

Important Information:

- This form is for direct investors only. IDPS investors can only withdraw through their IDPS operator in accordance with their terms and conditions.
- Cut off time - 4.00pm AEST (or AEDT when observed) on the last Sydney business day prior to the 26th day of any month.
- See Section 2.4 of the PDS for more information.

1. WITHDRAWAL REQUEST

INVESTOR DETAILS

Full name(s) of Registered Holding

Investment

Reference Number

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REDEMPTION DETAILS

Is this a full withdrawal? Yes No

If no, please state units:

OR

Amount:

\$

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PAYMENT DETAILS

Please nominate a bank account for your withdrawal proceeds to be paid into. This must be in the investors name. Payment to a third party is not permitted.

The account in which distributions are paid; OR

Name of Bank or Financial Institution

Account Name

BSB (Branch Number)

Account Number

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2. SIGN HERE

This section must be signed in accordance with your original application form 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.

Unitholder 1 (individual)

Sole Director and Company Secretary / Director

Day	Month	Year							
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Joint Unitholder 2 (individual)

Director / Company Secretary

Day	Month	Year							
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Joint Unitholder 3 (individual)

Day	Month	Year							
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All registered Unitholders must sign this form. If the Unitholder is a corporation, the form must be executed in accordance with the provisions of the Corporations Act, under the corporation's common seal or by an authorised officer or attorney who has been duly authorised. If the form is signed by an attorney, then the relevant power of attorney must either have been provided previously to CFM or be enclosed with this form. You may be required to provide identification documents to verify your authority to sign as a Unitholder.

Return to

BoardRoom
Smart Business Solutions

Email: invest@cromwell.com.au

Fax: 02 9252 1987

Post: Boardroom Pty Limited, GPO Box 3993, Sydney NSW 2001

If you have any questions in relation to this form, please telephone Cromwell's Investor Services on 1300 268 078.