

# CROMWELL PHOENIX GLOBAL OPPORTUNITIES FUND WITHDRAWAL REQUEST FORM (GOF)



CROMWELL FUNDS MANAGEMENT LIMITED ABN 63 114 782 777 AFSL 333214 (CFM). If you require any information regarding your investments, please contact Cromwell Investor Services on 1300 268 078.

## Important Information:

- This form is for direct investors only. Investor Directed Portfolio Services (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.

## PART 1 WITHDRAWAL REQUEST

### INVESTOR DETAILS

Investment Reference Number  Full name(s) of Registered Holding *(Example: "John Smith" or "John Smith ATF John R Smith Super Fund")*

### REDEMPTION DETAILS

Is this a full withdrawal? Yes  No

If no, please state units:  or, Amount: \$

### 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 Number   
Account Name  BSB

## PART 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.*

### Investor 1

SIGNATURE Date

Name

If a Company Officer or Trustee, please specify your title:  
 Director  Sole Director & Company Secretary  Trustee

### Investor 2

SIGNATURE Date

Name

If a Company Officer or Trustee, please specify your title:  
 Director  Sole Director & Company Secretary  Trustee

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.

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



Return completed form to:

Email: [cromwell@boardroomlimited.com.au](mailto:cromwell@boardroomlimited.com.au)

Fax: 02 9252 1987

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

## How to complete this form

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### 1. WITHDRAWAL REQUEST

Please provide your Investment Reference Number, Full name(s) of Registered Holding and amount of the withdrawal request either full, by units or by 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 redemption 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.

#### 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.

#### 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. You may also be required to provide identification documents. Please contact Cromwell Investor Services on 1300 268 078 for more details.

### 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.