

This form should be completed if you wish to make a partial or full withdrawal from your investment.

The cut off time for the receipt of a valid adviser fee authority form is 4.00 pm (Newcastle Time) on the last business day of the month. Please refer to the relevant Product Disclosure Statement for further details.

Please refer the last page for instructions on how to complete this form, the relevant sections should be completed in BLOCK letters.

1. Investor details (must be completed)

Account Number

I																			
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Account Name

Contact phone number

2. Adviser details (must be completed)

Adviser Name

Dealer Group Name

Dealer Group Bank Account

Account Name:

BSB Number:

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Account Number:

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Name of Financial Institution

3. Adviser fee withdrawal (must be completed)

Name of fund	APIR code	Select Fund (✓)	Fee type	Dollar amount	OR	% of holding
Hamilton Investment Fund – Multi Asset Portfolio	HLN0003AU		Establishment	\$		
			Review fee	\$		
Newcastle & General Securities Trust			Establishment	\$		
			Review fee	\$		

The minimum account balance per fund is \$5,000.

Note: Where your account balance for the fund falls below the minimum Hamilton Asset Management Limited may withdraw your units and repay the balance to you.

4. Signatures (must be completed)

Investor declarations and signature/s:

- I/We agree that the adviser review fee will be withdrawn from my/our account by a withdrawal of units in quarterly instalments on 15 February, May, August and November (or the next business day) and paid to my adviser.
- I/We agree that the adviser review fee facility is an agreement I/we have entered into with my adviser.
- I/We acknowledge that Hamilton Asset Management Limited (“Hamilton”) provides this facility in good faith and without charge, and I/we therefore acknowledge that Hamilton is not liable for any errors or omissions in connection with this facility.
- I/We agree that adjustments (if any) in respect of past adviser review fees may relate to any period and may be withdrawn from my/our account at the time/s, and in the same manner, a quarterly adviser review fee is payable.

I/We agree that the adviser review fee facility may be cancelled by my/our adviser or me/us at any time upon the receipt of written notification of such by Hamilton.

Each signatory confirms that they have been duly authorised to execute this application on behalf of the applicant(s) and that the signing authorities specified below have also been duly authorised.

Individual/Unitholder1/Director1	Joint Unitholder2/Director 2	Joint Unitholder3/Director 3
Name	Name	Name
Signature	Signature	Signature
If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Sole Director <input type="checkbox"/> Sole director and sole secretary <input type="checkbox"/> Other, please specify below	If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Other, please specify below	If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Other, please specify below
Date	Date	Date

Instructions for Completing this Form

1. Investor details – MUST BE COMPLETED

- Have you supplied your account number?
- Have you supplied your account name?
- Have you supplied a contact phone number?

2. Adviser details - MUST BE COMPLETED

- Have you supplied your Adviser's name, dealer group and banking details?

3. Adviser Fee withdrawal – MUST BE COMPLETED

- Have you entered either a dollar amount or a percentage (%) of your holdings which you wish to withdraw?

4. Signatories – MUST BE COMPLETED

- Have ALL signatories to the account signed this form?

5. Returning this form

You should return this form either by post or facsimile. Please only use one method of reply.

Mail

Hamilton Asset Management Limited
PO BOX 402
HAMILTON NSW 2303

Facsimile: +61 2 4920 2878

More information

Please telephone 1300 133 836