

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 withdrawal 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 to 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)

Investor Number

| | | | | | | | | | | | | | | | | | | | |
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Investor Name

Contact phone number

2. Fund withdrawal (must be completed)

| Name of fund | APIR code | Minimum withdrawal amount | Dollar amount | OR | Units or % of holding |
|--------------------------------------------------|-----------|---------------------------|---------------|----|-----------------------|
| Hamilton Investment Fund – Multi Asset Portfolio | HLN0003AU | \$1,000 | \$ | | |
| Newcastle & General Securities Trust | | \$1,000 | \$ | | |

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.

All withdrawals will be paid to the bank, building society or credit union account previously notified. If you wish to make the payment to another account you will need to complete and lodge a Change of Details Form prior to lodging the Withdrawal Form.

Withdrawals cannot be paid by cheque or to third party accounts.

3. Signatures (must be completed)

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/Unit holder 1/Director 1 | Joint Unit holder 2/Director 2 | Joint Unit holder 3/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. Fund withdrawal – MUST BE COMPLETED?

- Have you entered either:
- a dollar amount; or
 - a percentage or number of units which you wish to withdraw?

3. Signatories – MUST BE COMPLETED

- Have ALL signatories to the account signed this form?

4. 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