

This form should be used to make a withdrawal from your investment.

Please complete the relevant sections in BLOCK letters

Withdrawal requests received before 11am will be processed on the next banking day. Withdrawals received after 11am will be processed on the second banking day following receipt of the request.

Returning this form

You should return this form either by post or email.

Mail:

Hamilton Asset Management Limited
 PO BOX 402
 HAMILTON NSW 2303

Email:

investor_services@reespritchard.com.au

More information:

Telephone 02 4920 2877

1. Investor details (must be completed)

Investor number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																
Investor name																	

2. Fund withdrawal (must be completed)

Withdrawal amount	\$	The minimum withdrawal amount is \$1,000.00
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Where your account balance falls below \$10,000 Hamilton Asset Management Limited may withdraw your units and repay the balance to you.

3. Payment Instructions

Pay to bank account

Branch (BSB)		Account number	
Account holders name		Bank reference	

Pay by BPAY

Biller code		Reference number	
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Pay by cheque

Payee details	
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3. Signatures (must be completed)

Each signatory confirms that they have been duly authorised to execute this withdrawal form on behalf of the investor

Unit holder 1/ (Individual)	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