

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

Please complete the relevant sections in BLOCK letters

You must give 60 days' notice of a withdrawal. Withdrawals are processed on the 10th business day of each month. A withdrawal fee applies to any Units redeemed within 12 months of their date of issue.

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><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 \$10,000.00
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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.

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 made to third party accounts.

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