

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

**You must give us 30 days' notice of any withdrawal. Withdrawals are processed on the 10<sup>th</sup> day of the month following the end of the notice period.**

Please complete the relevant sections in BLOCK letters

### 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

**Email:**  
 investor\_services@reespritchard.com.au

**More information:**  
 Please telephone 02 4920 2877

### 1. Investor details (must be completed)

|                      |  |
|----------------------|--|
| Investor Number      |  |
| 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 Sirius Fund | HLN0002AU | \$1,000                   | \$            |    |                       |

The minimum account balance is \$10,000.

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 made 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

| 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<br><input type="checkbox"/> Director<br><input type="checkbox"/> Sole Director<br><input type="checkbox"/> Sole director and sole secretary<br><input type="checkbox"/> Other, please specify below | If a company, your corporate title<br><input type="checkbox"/> Director<br><input type="checkbox"/> Secretary<br><input type="checkbox"/> Other, please specify below | If a company, your corporate title<br><input type="checkbox"/> Director<br><input type="checkbox"/> Secretary<br><input type="checkbox"/> Other, please specify below |
| Date   | Date  | Date  |