By Post PM Capital Limited c/- Mainstream Fund Services GPO Box 4968 Sydney NSW 2001

By Email: registry@mainstreamgroup.com

By Fax: +612 9251 3525

Further Information:
Contact Mainstream Fund Services
T: 1300 133 451 (Australia only)
T: +612 8259 8888 (International)



Withdrawal Request Form

Please note this form can be completed electronically or printed. In both circumstances a written signature is required.							
1. INVESTOR DETAILS							
Investor number							
Investor A – Individuals, Joint Investors or Trustees							
Title Given name(s)			5	Surname			
Investor B – Joint Investors or Trustees	stor B – Joint Investors or Trustees						
Title Given name(s)	Given name(s)						
Company, Trusts and Superannuation Funds							
Account name							
Primary Contact							
Contact name							
Phone number	number						
2. REDEMPTION DETAILS							
Specify the Fund(s) you wish to withdraw from, please indicate if you wish to withdraw the 'full' amount or alternatively specify the dollar amount or							
number of units you wish to withdraw. You must maintain a minimum balance of \$10,000 in each Fund, otherwise the withdrawal request may be treated as a "full" withdrawal.							
FUND	FULL	PA	ARTIAL \$ AMO	TNUC		PARTIAL UNIT AMOUNT	
PM Capital Global Companies Fund							
PM Capital Australian Companies Fund							
PM Capital Enhanced Yield Fund							
PM Capital Enhanced Yield Fund - Class B							
3. BANKS ACCOUNT DETAILS							
Pay by cheque Pay by Direct Deposit							
Only Australian financial institution account details will		ed. The bank a	ccount must be	e in the same n	ame as the unit	holder(s).	
Bank/Institution		Branch			BSB		
Account name					Account no.		
4. DECLARATION AND SIGNATURES							
 I/we acknowledge that this withdrawal request is subject to the terms and conditions of the Product Disclosure Statement and constitution of the current, relevant PM Capital fund. Please sign this form below. This form must be signed as per the current signing instructions we have on record. If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please mail a certified copy of the Power of Attorney to Mainstream Fund Services Pty Ltd. 							
Signature Name Date			Signature Name Date	Х			
Director Secretary Sole Director	POA		Direct	or Secre	etary So	le Director POA	
Joint Unit holders must both sign. Company unitholders must be signed by either two Directors, a Director and Secretary or the Sole Director of the company. If this Form is signed under a Power of Attorney it must be accompanied by a certified copy of the Power of Attorney. Mainstream Fund Services may contact the account holder(s) via a phone call to confirm the validity of this withdrawal request.							