

PLEASE SEND COMPLETED FORM TO OUR UNIT REGISTRY VIA EMAIL, FAX OR MAIL:

By Post
Regal Partners (RE) Limited
c/- Apex Fund Services
GPO Box 4968 Sydney NSW 2001

By Email:
registry@apexgroup.com
By Fax: +612 9251 3525

Further Information:
Contact Apex 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	
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Investor A – Individuals, Joint Investors or Trustees

Title		Given name(s)		Surname	
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Investor B – Joint Investors or Trustees

Title		Given name(s)		Surname	
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Company, Trusts and Superannuation Funds

Account name	
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Primary Contact

Contact name	
Phone 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	PARTIAL \$ AMOUNT	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 be accepted. The bank account must be in the same name 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 Apex Fund Services Pty Ltd.

Signature		Signature	
Name		Name	
Date		Date	
☐ Director ☐ Secretary ☐ Sole Director ☐ POA		☐ Director ☐ Secretary ☐ Sole 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.

Apex Fund Services may contact the account holder(s) via a phone call to confirm the validity of this withdrawal request.