

PLEASE SEND COMPLETED FORM TO:

By Post

PM Capital Limited  
c/- Mainstream Fund Services  
GPO Box 4968 Sydney NS W 2001

By Email:  
pmcapital@pmcapital.com.au

Further Information:  
t: +612 8243 0888  
www.pmcapital.com.au



# 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	
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Phone number	
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## 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 Asian 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).

**Note: If new bank account details are provided, please provide a copy of a recent bank statement to verify account details.**

Bank/Institution		Branch		BSB	
Account name				Account no.	

## 4. DECLARATION AND SIGNATURES

I/We acknowledge that I/We have read and understood the current PM Capital Product Disclosure Statement and New Zealand Investors Information Sheet and Warning Statement (if applicable) to which this additional Application relates to and I/We agree to be bound by the PDS and NZIS and the relevant Constitution(s), each as amended from time to time. I/We declare that all the details provided on this form are true and correct.

**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.

Signature	X	Signature	X
Name		Name	
Date		Date	
<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Sole Director <input type="checkbox"/> POA		<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Sole Director <input type="checkbox"/> POA	