



# Withdrawal Form

## Fairview Equity Partners Emerging Companies Fund

Before completing this form you should check you have read the latest up to date information for the Fairview Equity Partners Emerging Companies Fund (Fund), by ensuring you have the current Product Disclosure Statement (PDS), Product Guide or any website update for the Fund. A copy of the PDS, Product Guide, and any website updates are available free of charge from [www.fairviewequity.com.au](http://www.fairviewequity.com.au), or available by contacting Client Services on **1300 738 355**, or from your financial adviser.

### 1. Investor details

Investor number
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#### 1A. Investor 1 – Individual / Joint investor 1 / Sole trader / Individual trustee 1

Title	Full given name(s)	Surname
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#### 1B. Investor 2 – Joint investor 2 / Individual trustee 2

Title	Full given name(s)	Surname
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#### 1C. Companies / Associations / Trusts / Superannuation funds / Partnerships / Government bodies / Registered co-operatives

Name
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Account designation
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Contact person name <sup>▲</sup>	Contact person phone
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Contact person email
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<sup>▲</sup> Please provide details of the person we should contact regarding this form.

### 2. Withdrawal details

Please indicate if you wish to withdraw the full amount by writing ALL in the units column OR alternatively specify the dollar amount OR number of units you wish to withdraw.

Fairview Equity Partners Emerging Companies Fund (all withdrawals will be made in Australian dollars)	A\$ Amount	No. of Units
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### 3. Payment instructions<sup>#</sup>

Please credit my/our financial institution account (N.B. we do not pay to third parties or by cheque) and use the details you hold in my/our records OR to the following:

Name of Australian bank or financial institution	Branch
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Name in which the account is held*
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BSB number	Account number
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\* **The name must be the same as the investor's name. For joint investors, it must be a joint account.**

# All payments and transactions by the Fund are in Australian dollars. Payments into non Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non Australian resident investors should seek advice from their banking institution.

### 4. Declaration and signatures

By signing this form I/we acknowledge that I/we have read and understood the current Fund’s PDS and Product Guide to which this form relates and I/we agree to be bound by the PDS, the Product Guide and the Fund’s Constitution, each as replaced, supplemented or updated from time to time. I/ We declare that all the details provided on this form are true and correct.

If this form is signed under a power of attorney, the attorney declares that he /she has not received notice of revocation of that power. A certified copy of the Power of Attorney and FSC individuals identification form (listed under ‘Guidance Note No. 24’ on FSC website [www.fsc.org.au/standards-guidance/financial-services-council-guidance-notes.aspx](http://www.fsc.org.au/standards-guidance/financial-services-council-guidance-notes.aspx)) for the attorney should be submitted with this form unless Antares Capital Partners Ltd has already sighted it.

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|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Investor 1  | <input type="checkbox"/> Individual trustee 1 | <input type="checkbox"/> Sole director*          | <input type="checkbox"/> Director 1* |
| <input type="checkbox"/> Attorney 1# | <input type="checkbox"/> Partner 1            | <input type="checkbox"/> Authorised signatory**† |                                      |

Signature	Print name
	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- |                                      |   |  |                                     |
|--------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Investor 2  | <input type="checkbox"/> Individual trustee 2 | <input type="checkbox"/> Director 2*             | <input type="checkbox"/> Secretary* |
| <input type="checkbox"/> Attorney 2# | <input type="checkbox"/> Partner 2            | <input type="checkbox"/> Authorised signatory**† |                                     |

Signature	Print name
	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\* For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.

† An **Authorised Signatory List** must have been previously provided by the organisation.

# Attorney’s signature(s) must be witnessed below.

Signature of witness to Attorney 1 signature (Witness must be third party, i.e. not investor or attorney) I declare I have witnessed the signature of the named attorney	Signature of witness to Attorney 2 signature (Witness must be third party, i.e. not investor or attorney) I declare I have witnessed the signature of the named attorney
Witness name (print)	Witness name (print)
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	Address

Please return your completed form to: National Australia Bank, Attn: Registry Services, GPO Box 1406, Melbourne, VIC 3001, or fax to 1300 365 601. If you have any questions, please contact Client Services on 1300 738 355.