Withdrawal Request Form



Australian Unity Select Income Fund ARSN 091 886 789

Please PRINT clearly in BLACK or BLUE pen keeping well within the boxes. Use crosses in the boxes marked with an "X".

Step 1 Investor details		
Investment account number		
Name of Fund		
Investor 1		
Title	\square Mr \square Mrs \square Ms \square Miss	Date of birth
Surname		
Given name(s)		
Unit		Street number
Street name		
Suburb		
Postcode	Country	
Email		
Phone		Mobile
Investor 2 (if applicable)		
Title	X Mr X Mrs X Ms X Miss	Date of birth DD/MM/YYYY
Surname		
Given name(s)		
Unit		Street number
Street name		
Suburb		
Postcode	Country	
Email		
Phone		Mobile



Partnership/Company/Superannuation Fund/Trust/Estate			
Name of Entity			
A.R.B.N. OR A.B.N.:			
Name of custodian or trustee (if applicable)			
Country of residence for tax purposes (if outside Australia)			
Contact person			
Email			
Step 2 Withdrawal nomin	ation		
I hereby give notice that I w	ish to make a withdrawal as follows:		
For the amount in dollars:	\$,,,		
(number)			
OR My investment in full			
Step 3 Details of your Ba	nk, Building Society, Credit Union or CMT account		
I hereby give notice that I w	ish to make a withdrawal as follows:		
Bank name:	Branch		
OR Amount in units (number)	Account number		

Important information about your withdrawal:

Account name

We care about keeping your account safe so there are circumstances where we will need to contact you and verify your details before releasing your payment. These circumstances may include:

- · The bank account you've nominated is different to the bank account recorded on your file
- Your signature doesn't match the signature recorded on your file
- We need to verify other details relating to your request.



Step 4 Declaration and signatures

In consideration of payment of the part of my Investment(s) specified in this request, I confirm that I waive all rights to further claims of the benefit of the part(s) of the Investments I am withdrawing. All account signatories must sign below.

Signature of Investor 1/Director

Signature of Investor 2/Director/Company Secretary

X	X
Surname	Surname
Given name(s)	Given name(s)
Date DD/MM/YYYY	Date DD/MM/YYYY
Common Seal (if applicable)	Common Seal (if applicable)

Please note: All account holders must sign for a joint account. If signed under a Power of Attorney, the Attorney verifies that no notice of revocation of that power has been received. An original certified copy of the Power of Attorney and original certified copy of primary identification (driving licence or passport) for each Attorney must be provided if not provided previously. Company withdrawals must be signed in accordance with their Constitution. Sole signatories signing on behalf of a company must confirm that they are signing as sole director and as sole secretary of the company.



Return by post

Send completed form together with relevant identification documents.

Within Australia

Australian Unity Select Income Fund Replied Paid 91914 MELBOURNE VIC 3000 (No stamp required if mailed within Australia) Outside Australia Australian Unity Select Income Fund 271 Spring Street MELBOURNE VIC 3000



Investor Services 1300 412 356 australianunity.com.au/wealth/sif

Email

investments@australianunity.com.au