

Withdrawal Form

Altrinsic Global Equities Trust



Responsible Entity
Antares Capital Partners Ltd
ABN 85 066 081 114 AFSL 234483
A member of the NAB Group of companies

Before completing this form you should check you have read the latest up to date information for the Altrinsic Global Equities Trust (Trust), by ensuring you have the current Product Disclosure Statement (PDS), Product Guide, or any website update for the Trust. A copy of the PDS, Product Guide, and any website updates are available free of charge from www.nabam.com.au, or available by contacting Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**, or from your financial adviser.

1. Investor details

Investor number

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	
Account designation	
Contact person name*	Contact person phone
Contact person email	

* 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.

Altrinsic Global Equities Trust (all withdrawals will be made in Australian dollars)	A\$ Amount	No. of Units
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3. Payment instructions#

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:

Australian Account

Name of bank or financial institution	
Branch	
BSB number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account number	<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="text"/> <input type="text"/> <input type="text"/>
Account name*	

New Zealand Account

Name of bank or financial institution			
Branch			
Bank number	<input type="text"/> <input type="text"/>	Branch number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account number	<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="text"/> <input type="text"/> <input type="text"/>	Suffix number	<input type="text"/> <input type="text"/> <input type="text"/>
Account name*			
Beneficiary SWIFT BIC			
Intermediary SWIFT BIC			
Intermediary BSB			

* 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 Trust 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 Trust'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 Trust'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) 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 _____ Witness name (print)	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)
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, Australia, or fax to 1300 365 601 (+61 1300 365 601 if fax from New Zealand). If you have any questions, please contact Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**.