

Withdrawal Form

Complete this form if you wish to withdraw all or part of your investment in the Selector Small Companies Fund.

Note Investors who have completed the [Investor Portal Access Form](#) can instruct partial withdrawals using the [Investor Portal](#)

Please complete form using CAPITAL letters. Complete ALL sections.

Important reminders about your withdrawal request:

- The minimum redemption amount is \$100,000 for Wholesale units. Lesser amounts may be approved at Trustee discretion.
- Redemptions are processed on a daily basis.
- The processing cut-off time is 12.00pm (AEST).
- Completed paperwork can be sent to the address at the end of this form, or via email to registry@apexgroup.com.
- Refer to Section 4.5 "Redemptions" of the Information Memorandum to review all information on redemptions from this Fund.

1. Investor details

Account number

Account name

Contact name

Contact number ()

If you wish to change your contact details please complete the 'Change of Details Form' which is available from www.selectorfund.com.au or can be obtained by phoning Apex Fund Services Pty Ltd (the "Administrator") on 1300 133 451 or +61 2 8259 8888.

Note Investors who have completed the [Investor Portal Access Form](#) can make general changes to account details on the [Investor Portal](#).

2. From which fund(s) do you wish to withdraw from?

Note: Minimum withdrawal and minimum balance criteria apply. Refer to the Information Memorandum for details on these minimum amounts, as well as the notice requirements and timing of withdrawal requests.

Funds	Full withdrawal (✓)	or	Dollar Amount	or	Number of Units
Selector Small Companies Fund	☐		\$		

3. Payment instructions

Note: Payments will only be made into an Australian domiciled bank account in the name of the investor. If the account details provided below do not match the details that the Administrator has on file, you must also submit a 'Change of Details Form' which is available from www.selectorfund.com.au or can be obtained by phoning Apex Fund Services Pty Ltd (the "Administrator") on 1300 133 451 or +61 2 8259 8888.

Name of financial institution

Address of financial institution

Postcode

State

Account name with financial institution (e.g. JOHN SMITH)

< A/C >

BSB (branch number)

Account number

4. Authorised signatories

1st Individual applicant OR director OR office bearer (company signatories must include their company title)

Capacity (if company) ☐ Director ☐ Sole Director and Sole Secretary

Signature

Date signed

Full name

2nd Joint individual applicant OR director/secretary OR office bearer (company signatories must include their company title)

Capacity (if company) ☐ Director ☐ Secretary

Signature

Date signed

Full name

- Companies signing by duly authorised representatives must provide appropriate documentation showing the proper appointment of the representatives to the Administrator. Refer to the Authorised Representative Form.
- If signed under Power of Attorney, the attorney hereby certifies that no notice of revocation of that power has been received by the attorney.
- For clubs, charities, churches or unincorporated bodies this form must be signed by the authorised office bearers (e.g. A. Smith – President).

Please return completed forms to Apex Fund Services via mail or email.

Mail: Apex Fund Services - Unit Registry
GPO Box 4968, Sydney NSW 2001

Email: registry@apexgroup.com

If you require further assistance, please do not hesitate to contact Apex Fund Services on 1300 133 451 or via email registry@apexgroup.com.