

Fairview Equity Partners Emerging Companies Fund Withdrawal Request Form



Responsible Entity
nabInvest Managed Investments Limited
ABN 61 083 784 463 AFSL 312122

1. Investor Details

Investor Number

A. Investor 1 – Individuals / Joint Investors / Sole Traders / Trustees

Title	First Name	Surname
Date of Birth		
Telephone: Private	Business	Mobile
Email Address	Facsimile	

B. Investor 2 – Joint Investors / Trustees

Title	First Name	Surname
Date of Birth		
Telephone: Private	Business	Mobile
Email Address	Facsimile	

C. Companies / Associations / Trusts / Superannuation Funds / Partnerships / Government Bodies / Registered Co-operatives

Name	
Trustee/Executor name/s	Contact Person
Telephone: Business	Facsimile
Email Address	

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

\$ Amount

No. of Units

If this would result in a fractional unit holding we will round to the nearest whole unit.

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3. Payment Instructions

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

Name of Australian bank or financial institution	Branch
Name in which the account is held (i.e. investor's name)	
BSB Number	Account Number

4. Declaration and Signatures

By signing this form I/we acknowledge that I/we have read and understood the current Fairview Equity Partners Emerging Companies Fund Product Disclosure Statement (PDS) to which this Withdrawal Request Form relates and I/we agree to be bound by the PDS (including the Initial Application Form) and the Constitution, each as amended or updated from time to time. A copy of the PDS, any supplemental PDS, and any website updates are available free of charge from www.nabinvest.com.au/nabinvest/our_partners/fairview. I/We declare that all the details provided on this form are true and correct.

Company Seal

Investor 1 signature _____ Date _____

Investor 2 signature _____ Date _____

Company applications 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.

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 Investor Services on 1300 738 355.