

Withdrawal Form

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS FORM



Issued by Copia Investment Partners Limited (ABN 22 092 872 056, AFSL 229316), referred to as Copia in this Form.

Return forms to:

copia.transactions@boardroomlimited.com.au, OR

Copia Investment Partners
GPO Box 3993
Sydney NSW 2001

Contact details

If you have any questions regarding this form please contact our Client Services team:

P: 1800 442 129 or P: 03 9602 3199
E: clientservices@copiapartners.com.au

1 Investor details

Existing account name

Existing account number

2 Withdrawal details (select only one option)

Fund name

Please indicate (X) how you wish to receive your payment by selecting one of the following:

Full withdrawal ▶ Please proceed to section 3.

Partial withdrawal ▶ Please indicate dollar value or units to be withdrawn.

Dollar value (\$)

or Units

3 Payment instructions

Please indicate (X) how you wish to receive your payment by selecting one of the following:

Direct credit ▶ to the account we have on file

Direct credit ▶ to the new account in section 4.

4 Account details

Complete this section if you wish to change your bank account details to which we pay withdrawal. Providing your new account details in this section overrides any previous bank account details provided. Any account nominated must be an accessible account with an Australian financial institution and must be in the name of the investor.

Financial institution	<input type="text"/>				
Branch	<input type="text"/>				
Account name	<input type="text"/>				
Branch number (BSB)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account number	<input type="text"/>

5 Signature(s)

This form must be signed in accordance with the current signing instructions on file. Where signing under Power of Attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the Power of Attorney, including the appointed Power of Attorney's signature, must be lodged with this form if it has not previously been supplied.

Investor 1

Signature	<input type="text"/>
Date	<input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Capacity	<input type="checkbox"/> Sole Director
	<input type="checkbox"/> Director
	<input type="checkbox"/> Secretary (company investors only)

Investor 2

Signature	<input type="text"/>
Date	<input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Capacity	<input type="checkbox"/> Sole Director
	<input type="checkbox"/> Director
	<input type="checkbox"/> Secretary (company investors only)

The personal information we collect on this form will be used to update your personal information and/or process your request. This information may be disclosed to Copia Investment Partners and its related bodies corporate, service providers who do things on our behalf (e.g. mailing house) or to other third parties where it is required or allowed by law or where you have otherwise consented. You can access the personal information we have collected, if we have retained it, by contacting us by phone, email or via our website (copiapartners.com.au).
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