Withdrawal Form



INVESTMENT DETAILS					A P E X
Fund Name:					
Investor Number:					
Investor Name:					
Contact number:					
WITHDRAWAL DETAILS					
Fund Name:					
Units		Dollars			All Units
	OR			OR	
PAYMENT DETAILS					
Pay to the nominated bank account	on file	Pay to	new bank account (plea	ase prov	vide details below)
Account name:					
BSB Number:					
Account Number:					
Name of Financial Institution:					
Please attach a copy of your bank stat	ement s	so that we can	verify the details prov	ided ab	ove.
DECLARATION AND SIGNATURE					
Please sign this form below. This form	must be	signed as per tl	he current signing instru	uctions 1	that we have on record.
 If signed under power of attorney, the attorney. Please include a certified cop Pty Ltd. 	-				· · · · · · · · · · · · · · · · · · ·
Signature 1			Signature 2		
Name:			Name:		
Title:			Title:		
Signature			Signature		
Signature:			Signature:		

Date:

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

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

Email: registry@apexgroup.com

Fax: +61 9251 3525

If you require further assistance, please do not he sitate to contact $\,$ Apex Fund Services on 1300 $\,$ 133 451 $\,$

or via email registry@apexgroup.com.

Date: