

# i CAPITAL INTERNATIONAL VALUE FUND

ARSN 134 578 180



## Withdrawal Form

Complete this form if you are an existing investor requesting to withdraw (all or part of) your investment. Please complete ALL sections in BLOCK LETTERS.

Please note that the Deadline for Withdrawal is 5.00pm on the business day 2 months prior to the end of the effective quarter for Withdrawal ("Deadline"). The original signed copy of this Withdrawal Form must be received by the Deadline, photocopies or faxed Withdrawal instructions will not be accepted.

### 1. INVESTOR DETAILS

Unitholder Reference Number      Unitholder Name

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Telephone Number (Business Hours)

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### 2. WITHDRAWAL INSTRUCTIONS

(Minimum withdrawal amount is A\$5,000, OR, a FULL withdrawal if the withdrawal causes your balance to fall below A\$20,000.)

Effective Quarter for Withdrawal:

Q1 (January to March)     Q2 (April to June)     Q3 (July to September)     Q4 (October to December)

Full Withdrawal

Partial Withdrawal (Please complete only ONE of the following fields):

No. of units \_\_\_\_\_ OR    A\$ \_\_\_\_\_

### 3. PAYMENT INSTRUCTIONS

(Please check your account details carefully. It is your responsibility to ensure all payee account details are correct. Incorrect details may result in a loss of funds and we do not guarantee their recovery.)

Please select how you wish to be paid:

Telegraphic Transfer (TT) to a foreign financial institution account  
(AUD\$20 bank charge applied)

Beneficiary name

Bank Name

Account Number

Bank Address

Swift Code

Intermediary Bank Details

A\$ cheque (foreign investors only)

Please specify name sequence to appear on cheque, if different from that of Portfolio/ Unit Holder Name:

Pay to financial institution account on file.

Pay to **new** financial institution account (must be held with a financial institution in Australia.)  
Name of financial institution \_\_\_\_\_ Branch number and address \_\_\_\_\_

Account name \_\_\_\_\_

Branch number (BSB) \_\_\_\_\_

Account number \_\_\_\_\_

#### 4. DECLARATION & SIGNATURE

(Signatures must be the same as that on original Application Form.)

- I/we expressly declare that we have been provided with or downloaded the current PDS for the Fund to which this Withdrawal form relates;
- All details provided in this Withdrawal Form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- If signing under power of attorney, the attorney declares that he/she has not received notice of revocation of that power; and
- I/we may be required to provide additional proof of identification information for the purposes of AML/CTF Law.

Signatory 1	Signatory 2 (if applicable)

<b>Full Name:</b> _____	<b>Full Name:</b> _____
<b>Signing Capacity:</b> _____	<b>Signing Capacity:</b> _____
<b>Date:</b> _____	<b>Date:</b> _____

**Corporate Title (if applicable):**  
Director/ Sole Director /Company Secretary

**Corporate Title (if applicable):**  
Director/ Sole Director /Company Secretary

**Common Seal (if required)**

If there are more than 2 signatories, additional signatories to sign on another copy and attach to this form.

#### Returning the Withdrawal Form

Please post the original signed copy of the completed form to:

By mail:

i Capital International Value Fund  
C/O Boardroom Pty Limited  
GPO Box 3993  
Sydney NSW 2001  
Australia.

By courier:

i Capital International Value Fund  
C/O Boardroom Pty Limited  
Level 12, Grosvenor Place,  
225 George Street  
Sydney NSW 2000  
Australia

#### More Information

Please call:  
Tel: 1300 798 655 (Australia only)  
Tel: + 61 2 80 162 894 (International)

Please email:  
info@capitaldynamics.com.au

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