

Withdrawal form



Investment details

Fund name: **RMC Enhanced Income Fund**

Investor number:

Investor name:

Contact number:

Withdrawal details

Fund name:

Units:

or

Dollars:

or

☐ All units

Payment details

☐ Pay to the nominated bank account on file

☐ Pay to new bank account (please provide details below):

Name of financial institution:

Account name:

Account number:

BSB:

IMPORTANT: Please attach a copy of your bank statement so we can verify the details provided above.

Declaration and signature

- Please sign this form below. This form must be signed as per the current signing instructions that we have on record.
- If signed under power of attorney, the attorney certifies that they have not received notice of revocation of the power of attorney. Please include a certified copy of the power of attorney, if it has not been previously provided, to **Apex Fund Services Pty Ltd**.

Signature 1

Name in print

Title

Date:

Signature 1

Name in print

Title

Date:

Please return completed forms to Apex Fund Services via email: registry@apexgroup.com, fax: +61 2 9251 3525, or mail: Apex Fund Services - Registry, GPO Box 4968, Sydney NSW 2001

For more information, please contact Apex Fund Services on:

• **Australia:** 1300 133 451

• **International:** +61 2 8259 8888

• **Email:** registry@apexgroup.com