



**Section 1 Investor name and number**

Investor number

**Section 2 Fund name**

You must complete a separate withdrawal form for each fund.

I/We request the withdrawal of units from the (please tick applicable box)

- Fund**
- Wholesale Australian Income Fund
- Wholesale Australian Monthly Income Fund
- Wholesale Cash Management Trust
- Wholesale Global Fixed Income Fund
- Wholesale Australian Equity – Growth Fund
- Wholesale Australian Equity – Industrials Fund
- Wholesale Australian Equity – Value Fund
- Wholesale Australian Fixed Income Fund
- Wholesale Australian Diversified Property Securities Fund
- Wholesale Global Equity – Core Fund
- Wholesale Diversified Capital Stable Fund
- Wholesale Diversified Balanced Fund
- Wholesale Diversified High Growth Fund
- Wholesale Global Equity – Growth Fund
- Wholesale Global Equity – Value Fund
- Wholesale Global Equity – Technology Fund
- Wholesale Global Equity – Healthcare Fund
- Wholesale Global Diversified Hedge Fund
- Wholesale US Equity – Premier Growth Fund

**Section 3 Withdrawal amount**

Please complete either section 3A or 3B

**Section 3A**

Amount to be withdrawn

**or Section 3B**

Number of units to be withdrawn

**Section 4 Payment**

Payment is to be (please tick applicable box):

**paid by cheque**

Unless you advise us otherwise a cheque will be sent to your address recorded in the register of unitholders. In the case of joint investors the cheque will be sent and made payable to the address of the person recorded first in the register.

**paid to the Australian bank or financial institution below** (if you select this option you must provide account details below)

Bank/financial institution

Account name

-

BSB number

Account number

Branch address

State

Postcode

**Section 5 Acknowledgment**

I acknowledge and agree to the maximum extent permitted by law to release discharge and indemnify the responsible entity from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of the instructions given in this withdrawal form.

**Section 6 Investor(s) signature(s)**

**Individuals only (investor or attorneys)**

If the investment is registered in the name of joint investors, each investor must sign unless you authorised any investor to sign in the 'account operating instructions for joint accounts' option in the original application form.

Trustees for a partnership, superannuation fund or person under the age of 18 years must sign.

<b>X</b>	/ /
Signature	Date

	( )
Print name	Telephone number

<b>X</b>	/ /
Signature	Date

	( )
Print name	Telephone number

**Companies only**

This documents was executed in accordance with the company's constitution and the Corporations Law.

<b>X</b>	/ /
Signature	Date

	( )
Print name	Telephone number

	( )
Office held (eg director/secretary/attorney)	Contact telephone number

<b>X</b>	/ /
Signature	Date

	( )
Print name	Telephone number

	( )
Office held (eg director/secretary/attorney)	Contact telephone number



**Section 7 Important information**

Please complete this withdrawal form and send/fax it to:

AXA Australia  
Wholesale Customer Service  
GPO Box 2780  
Melbourne VIC 3001  
Fax No. (03) 9617 2329

Withdrawal requests will be processed in accordance with the terms of the current Product Disclosure Statement. Please complete a separate withdrawal form for each withdrawal request. AXA Australia will confirm the transaction details once the withdrawal of units has been completed.

<b>Office use only</b>				
\$A	/ /			/ /
Unit Price	Price Date	Number of Units	Trust code	Effective Date
	/ /			
Input	Approved			