



redefining / investments

Form must be returned by 5.00pm on the relevant closing date for the first Withdrawal Offer you wish to participate in. Return to: AXA Unit Trust Withdrawal Offer Reply Paid 85853 LAVERTON VIC 3028

Wholesale Australian Monthly Income Fund - Withdrawal Offer form

CLIENT NUMBER: []

UNIT HOLDER DETAILS []

Total number of units you hold in the Fund as of 15 January 2010: []

I/We wish to accept the offer to withdraw units in the Wholesale Australian Monthly Income Fund as follows: (Please tick one of the following boxes.)

I/we would like to participate in all four Withdrawal Offers in 2010 and withdraw the maximum number of units available.

OR

I/we wish to withdraw the following amounts for each Withdrawal Offer. (Please tick next to the Withdrawal Offer/s you would like to participate in then enter the number of units you would like to withdraw.)

Table with 4 columns: Offer Number, Number of units you'd like to withdraw, Closing Date, Office use only. Rows 5-8 with checkboxes.

You can amend or cancel your request at any time, as long as your amendment or cancellation is received in writing by AXA no later than 5.00 pm on the closing date of the relevant offer. Please note that if you cancel a request for an offer but have submitted requests for other offers, those requests will still stand.

You can access a new Withdrawal Offer form from www.axa.com.au/investment or by calling 1800 780 035.

Please pay the proceeds of this withdrawal to the following financial institution account:

[]

Account name

[]

Branch/BSB number

[]

Account no.

I/We have read and understand the terms and conditions overleaf.

UNIT HOLDER AUTHORISATION INDIVIDUALS ONLY

Sign here

[]

Signature

[]

Date

[]

Signature

[]

Date

Insert representatives name here (only if representative signs form)

If signed by an authorised representative the representative must insert his or her name in the space below

[]

(Please print)

COMPANIES ONLY

Sign and Seal here

The Common Seal of Unit Holder was hereunto affixed in accordance with its constitution in the presence of:



[]

Director

[]

Director / Secretary

AXA Australia Customer Service PO Box 14330 Melbourne VIC 8001 Telephone 1800 780 035 Facsimile (03) 8688 5789 Responsible Entity - National Mutual Funds Management Ltd. ABN 32 006 787 720 AFS Licence No. 234652 Member of the Global AXA Group www.axa.com.au



TA0000000

Form continues overleaf PTO

I/We acknowledge that direct credits not accepted by my/our bank, building society or credit union will be held in trust by AXA until I/we provide accurate financial institution details.

I/We declare that all the details given in this form are true and correct.

I/We authorise AXA to act in accordance with my/our instructions as set out above and acknowledge that my/our instructions are subject to the terms set out in the Withdrawal Offer. In particular I/We:

- have read and understood the letter dated 1 February 2010 outlining the Withdrawal Offer and confirm acceptance of the terms
- understand that AXA may cancel these Withdrawal Offers before the Closing Date, or extend the Closing Date, and
- acknowledge and agree that neither AXA nor any other person will (to the extent the law allows) be liable to me/us and I/we will not bring any claim or action against AXA nor any other person, by reason of, or in connection with these Withdrawal Offers.

I/We acknowledge that I am/we are providing personal details in this form and I/we agree to be bound by the privacy notices and consents set out in the product disclosure statement that was current at the time of our investment.

PLEASE REFER TO NOTES BELOW

NOTES

- 1 This form may only be used to accept 2010 Withdrawal Offers made by AXA from 1 February 2010 to unit holders in the Wholesale Australian Monthly Income Fund.**
- 2 a) This request may either be signed by you personally or by your authorised attorney (including, where applicable, your authorised representative appointed under the Authorised Representative Facility or Authorised Signatory). If signed under power of attorney (other than the Authorised Representative Facility or Authorised Signatory) the power must be submitted for notation (unless this has already been done) and the donee of such power states that the donee has received no notice of revocation thereof.
b) In the case of joint unit holdings all unit holders must sign (except where using the Authorised Representative Facility or by Authorised Signatory).
c) If the unit holder is a company the request may either be executed under its common seal or by its authorised attorney (including, where applicable, its authorised representative appointed under the Authorised Representative Facility) in accordance with its constitution. If the articles of association of the company require the common seal to be affixed in the presence of or be attested by persons other than one director and one director/secretary, the requisite additional persons must also attest on this request that the common seal was affixed in their presence.