

# Selector High Conviction Equity Fund Withdrawal Form

selector

Complete this form if you wish to withdraw all or part of your investment in the Selector High Conviction Equity Fund.

Please complete form using CAPITAL letters. Complete ALL sections.

Important reminders about your withdrawal request:

- The minimum redemption amount is \$100,000 for Wholesale units and \$1,000,000 for Institutional units.
- Redemptions are processed on a monthly basis, at the end of each month.
- The processing cut-off time is 12.00pm (AEST), and redemptions require 30 days' notice prior to month end.
- Completed paperwork can be sent to the address at the end of this form, or via email to [fundadmin@ddhgraham.com.au](mailto:fundadmin@ddhgraham.com.au).
- Refer to Section 4.5 "Redemptions" of the Information Memorandum to review all information on redemptions from this Fund.

Account number

Contact name

Contact number

( )

If you wish to change your contact details please complete the 'Change of Details Form' which can be obtained by phoning DDH Graham Limited (the "Administrator") on 1800 226 174.

## 2. From which fund(s) do you wish to withdraw from?

Note: Minimum withdrawal and minimum balance criteria apply. Refer to the Information Memorandum for details on these minimum amounts, as well as the notice requirements and timing of withdrawal requests.

Funds	Full Transfer (✓)	% of holding e.g. 0.3 = 30%	or	Dollar Amount	or	Number of Units
Selector High Conviction Equity Fund - Class A units	<input type="checkbox"/>	<input type="text"/> %		\$ <input type="text"/>		<input type="text"/>
Selector High Conviction Equity Fund - Class B units	<input type="checkbox"/>	<input type="text"/> %		\$ <input type="text"/>		<input type="text"/>

## 3. Payment instructions

Note: Payments will only be made into an Australian domiciled bank account in the name of the investor. If the account details provided below do not match the details that the Administrator has on file, you must also submit a 'Change of Details Form' which can be obtained by phoning DDH Graham Limited (the "Administrator") on 1800 226 174.

Name of financial institution

Address of financial institution

Postcode

State

Account name with financial institution (e.g. JOHN SMITH)

A/C>

BSB (branch number)

Account number

## 4. Authorised signatories

**1st Individual applicant OR director OR office bearer** (company signatories must include their company title)

Capacity (if company) ☐ Director ☐ Sole Director and Sole Secretary

Signature

Date signed

Full name

**2nd Joint individual applicant OR director/secretary OR office bearer** (company signatories must include their company title)

Capacity (if company) ☐ Director ☐ Secretary

Signature

Date signed

Full name

- Companies signing by duly authorised representatives must provide appropriate documentation showing the proper appointment of the representatives to the Administrator. Refer to the Authorised Representative Form.
- If signed under Power of Attorney, the attorney hereby certifies that no notice of revocation of that power has been received by the attorney.
- For clubs, charities, churches or unincorporated bodies this form must be signed by the authorised office bearers (e.g. A. Smith - President).

Return your completed Withdrawal Form to:

**DDH Graham Limited**  
**Reply Paid 330**  
**Brisbane QLD 4001**