CC RWC GLOBAL EMERGING MARKETS FUND
APIR: CHN8850AU

WITHDRAWAL REQUEST FORM

Channel Investment Management Limited ACN: 163 234 240 AFSL 439007

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.

This form is for direct investors only. IDPS investors can only withdraw through their IDPS operator in accordance with their terms and conditions.

You can decrease your investment in the Fund by withdrawing some or all of your Units.

Written withdrawal requests should be lodged by mail or by e-mail with the RE prior to 12 noon (Sydney time) on any Business Day. The withdrawal amount payable is calculated using the withdrawal price as at close of business on that day. If a withdrawal request is received after 12 noon (Sydney time) or on a non-Business Day, it is deemed to be received the following Business Day. The RE endeavours to ensure that all withdrawal proceeds are paid within 7 Business Days from the date of receipt of the withdrawal request. Investors should note however, that the Fund's constitution allows up to 40 days from acceptance of a withdrawal request. In some circumstances, such as when there is a freeze on withdrawals, investors may not be able to withdraw their investment within the usual period upon request. Please note: withdrawal proceeds can only be paid to the registered account we hold on file for your investment. To arrange payment to a different account, please complete the Change of Details Form.

Section 1. Withdrawal Request

Investor Reference Number

Full name(s) of Registered Holding

Is this a full withdrawal? Yes ☐ No ☐ If no, please state units:

OR Amount $

Section 2. Declaration and Authorisation

This section must be signed for your instructions to be executed.

I/We authorise you to act in accordance with my/our instructions set out below. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our investment.

Investor 1 Signature

Date / /

Name

Capacity

(i.e. Individual/Trustee/Director/Secretary/Partner)

Investor 2 Signature

Date / /

Name

Capacity

(i.e. Individual/Trustee/Director/Secretary/Partner)

Return completed form

Post to:
Mainstream Fund Services
Attn: Unit Registry
GPO Box 4968, Sydney, NSW, 2001

OR

Email to:
registry@mainstreamgroup.com

If you have any questions in relation to this form or if you require any information regarding your investments, please contact Mainstream Fund Services on 1300 133 451.