

Third Link Growth Fund

ARSN 130 165 552

Bennelong Funds Management Ltd

Responsible Entity

ABN 39 111 214 085 AFSL 296806

Section 1 – Investor details

Account Number: Contact Number:
 Account Name (in full):

Section 2 – Withdrawal details

Fund Name	Number of Units	Amount (paid in Australian Dollars)	Full Investment in the Fund
Third Link Growth Fund	<input type="text"/>	OR \$ <input style="width: 150px;" type="text"/> , <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .	OR <input type="text"/>

The minimum withdrawal amount is \$20,000, or the balance of your account if it is less than \$20,000.

Section 3 – Payment instructions

Please select from one of the two options outlined below. We can only send withdrawal proceeds to an Australian financial institution account.

Direct credit my current pre-nominated account; OR Direct credit the account nominated below.

Please note if you are nominating a new bank account you must post this original signed form to the Unit Registry. You cannot fax or email the withdrawal from.

The new bank account you nominate must be in the same name as the investment. The account must be Australian domiciled in Australian dollars and in the investor's name.

Bank: BSB: Account No:
 Account Name:

Section 4 – Signatures

- ▶ Please sign this form below. This form must be signed as per the current signing instructions we have on record.
- ▶ If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please mail a certified copy of the Power of Attorney to Third Link Growth Fund – Unit Registry.

Withdrawal requests must be received and identified (and accepted by us) before 3.00pm AEST on a day that is 10 clear business days before the end of that month to be processed with the exit price calculated for that month. Neither Third Link or Bennelong Funds Management Ltd will be responsible for any postal or service delivery delay or failure.

<input type="text"/>	Signature 1	<input type="text"/>	Signature 2 (if applicable)
<input type="text"/>	Name 1	<input type="text"/>	Name 2 (if applicable)
<input type="text"/>	Date 1	<input type="text"/>	Date 2 (if applicable)

If further signatories are required to operate this account, please include on a separate sheet of paper.

I/we acknowledge that this withdrawal request is subject to the terms and conditions of the current Product Disclosure Statement and Constitution of the Third Link Growth Fund.

Please send this form to the Third Link Growth Fund care of our Unit Registry:

Post:	Fax:
Third Link Growth Fund	Attention Citi Unit Registry Australia
Citi Unit Registry Australia	1300 989 813
GPO Box 764	
Melbourne VIC 3001	

OFFICE USE Applicant AML KYC completed
 Value date confirmed