

Withdrawal form

All investors are to complete the following sections

1

Investor details

Your withdrawal will be made in the same name as your existing investment.

Client/ Account number	Account name		
Contact name			
Mailing address	State	Postcode	
Home phone	Work phone		
Mobile phone	Facsimile		
Email address			

Your instructions on this form will override any instructions previously given for your account.

2

Withdrawal instructions

Please indicate by ticking the appropriate box for the Fund(s) you wish to withdraw from and provide the \$ amount you would like to withdraw or the Number of Units:

Note if this request results in you holding less than the minimum investment amount, we may treat the request as being for all of your units.

Tick	Name of Fund	\$ Amount	OR	Number of Units
<input type="checkbox"/>	Tyndall Australian Share Income Fund	\$		
<input type="checkbox"/>	Tyndall Australian Share Wholesale Fund	\$		
<input type="checkbox"/>	Tyndall Australian Small Companies Fund	\$		

3

Details of account to be credited (must be an Australian or New Zealand financial institution account)

Name of financial institution			
Address of financial institution			
Account name with financial institution (e.g. JOHN SMITH)	<	A/C >	
BSB (branch number)	-	*Swift Code	
Account number			

* For New Zealand Investor only - All payments will be made in AUD but will be received in your bank account in NZD (net of any fees charged by our/your financial institution). Please note, the applicable foreign exchange rate will be applied.

Payments to third parties are not permitted. Any outstanding moneys for full withdrawal requests will be paid using the instructions provided on this form.

4

Investors signature(s) – ALL INVESTORS MUST COMPLETE THIS SECTION

Note: all joint unitholders must sign unless sole signatory authority has been involved. Two directors or director and secretary must sign company requests. If sole director and secretary of a company, please indicate in the box provided.

1st individual/joint account holder or director

Capacity	Director	Power of Attorney [^]	Sole director and sole secretary	Trustee/Secretary
Signature				Date signed
Full name				

2nd individual/joint account holder or director

Capacity	Director	Power of Attorney [^]	Sole director and sole secretary	Trustee/Secretary
Signature				Date signed
Full name				

[^] If you are signing under a Power of Attorney, please supply a certified copy of the Power of Attorney with specimen signature.

Please return your completed form to:

Investor Services team

GPO Box 764

Melbourne VIC 3001

Facsimile 1300 154 458 (Australia only) or +61 1300 154 458

Please do not send withdrawal instructions to our email address since this could delay your instruction being acted upon. If we receive an instruction which is not complete or valid, we may reject your instruction.

If you have any enquiries regarding administration of your investment, please contact our **Investor Services team** on **1800 034 494** (Australia only) or **+61 3 9002 1980** or email your enquiry to ist@yarracm.com.

Important notice about privacy

By completing this form, you agree to Yarra Funds Management Limited and its related bodies corporate (Yarra Capital Management Group) collecting information about you and any third party individuals whose details you have provided on this form.

The relevant member(s) of the Yarra Capital Management Group to whom you have applied for a product or service collects, stores and uses your personal information in connection with the products and services requested by you in this form. In addition, your personal information may be used for any of the purposes described in our Privacy Policy, including for direct marketing. Your personal information is handled in accordance with the Yarra Capital Management Group's Privacy Policy which can be found at www.yarracm.com/privacy.

The Privacy Policy also contains information about how you may access the personal information we hold about you, how you may correct that information, and how you might make a complaint about a breach of the Privacy Act 1988 (Cth). By providing us with the information contained in this form, you consent to our collection, storage and use of your information and acknowledge that you have read and understood our Privacy Policy.

You acknowledge that the Yarra Capital Management Group may contact you to offer other services or products which may be of interest to you unless you request in writing that the Yarra Capital Management Group does not do so.

You also understand that:

- failure to provide information required in this application may affect the success of this application or any further application you may make to the Yarra Capital Management Group
- you can access, amend, or make a complaint about the personal information that the Yarra Capital Management Group holds about you or find out what information the Yarra Capital Management Group holds about you, by contacting the Privacy Officer, Yarra Capital Management, Level 19, 101 Collins Street Melbourne VIC 3000, at any time in writing or via email at privacy@yarracm.com and
- while the Yarra Capital Management Group will take all reasonable steps to protect information that you provide, the Group cannot guarantee the security of certain types of information provided by you (for example over the internet or by email).

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