



CFMG
Capital

CFMG Monthly Income Fund

ARSN 602 609 638

Withdrawal Form

CFMG Equity and Income Funds Limited ABN 12 112 753 876 AFSL 291390

This is an important document and should be read in its entirety.
If you do not understand any part of this document you should consult your professional adviser.

Complete this form if you wish to make a partial or full withdrawal from your investment in the Monthly Income Fund.

This is an editable PDF and can be completed on your computer.

If you prefer to complete a printed version, please write in BLOCK letters using either a blue or black pen only. Tick the appropriate boxes to indicate your response. Do not use whiteout on this form. If you need to correct a mistake, cross out the section to be corrected, accompanied with your full signature.

If you submit your withdrawal request at least 7 business days before the last calendar day of the month, your withdrawal will be processed on the 1st calendar day of the following month. The payment will then be made within 20 calendar days after that. If the 20th day falls on a non-business day, the payment will be made on the next business day.

Section 1: Investor Details (this must be completed)	
Account Name:	
PO Box or Street Address:	
Email:	
Phone:	
Section 2: Withdrawal Instructions	Tick
Full Withdrawal – withdraw my total investment and close my account (please proceed with Section 3)	
OR Partial Withdrawal	
Please specify amount of partial withdrawal:	
Please note that if you request a partial withdrawal, you must hold the minimum investment amount of \$5,000 in the Fund.	
Section 3: Payment Instructions	
Direct credit to the account detailed below	
Financial Branch	
Bank Account Name	
BSB	
Account Number	

Section 4: Client Declaration and Signature

I/We have been given the opportunity to take my/our own independent personal financial advice before deciding to proceed with this withdrawal.

I/We acknowledge and understand that this withdrawal request is subject to the terms and conditions set out in the current Product Disclosure Statement (PDS) of the Fund.

I/We declare that all details in this Form is true and correct.

Signatories must sign in accordance with operating authority on the account.

Signature of Investor 1

Date

Given Name

Surname

Signature of Investor 2 (where applicable)

Date

Given Name

Surname

In the case of a corporate signatories, two directors must sign unless there is a sole director and sole secretary.

Please email or post your form and all required documents to:

CFMG Capital

GPO Box 1993, BRISBANE QLD 4001

Or email a copy to: investorrelations@cfmgcapital.com.au

Please contact us if you have any questions about the process. Phone Investor Relations on 1800 155 526 or email investorrelations@cfmgcapital.com.au