

Ausbil Investment Trusts- Redemption Form



Please print well within the boxes in CAPITAL LETTERS. Mark appropriate boxes with a cross like the following

Please send the completed Redemption Form by fax to: 1300 365 601 or by mail to: National Australia Bank Limited, Registry Services, PO BOX 1406, Melbourne VIC 3001

IMPORTANT

- The minimum redemption amount is \$10,000 per Fund.**

Step 1. INVESTOR DETAILS

Investor number Investor Name

Step 2. WITHDRAWAL DETAILS (Please refer to the relevant Product Disclosure Statement before completing this section)

I/we wish to redeem from the Funds as follows:

Fund Name	Full Redemption	or	Amount \$	or	No. of units
Australian Active Equity Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
Australian Geared Equity Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
Australian Emerging Leaders Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
Active Extension Fund (Retail Class)	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
Balanced Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
Dexia Sustainable Global Equity Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>
Ausbil MicroCap Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>

Step 3. PAYMENT DETAILS

Note: redemption payments will not be paid to third parties

Please pay redemption proceeds to:

Current nominated bank account Bank account details provided below

Note: These details will override any bank account details previously provided to us. Please leave blank if your preferred bank details are the same as you have previously provided. If bank account details are changed, the completed form needs to be sent by mail to the above address. Faxed or photocopied documents will NOT be accepted.

Financial Institution Name

Branch Name Branch Number (BSB) Account Number

Account Name

Step 4. SIGNATORIES

- This form must be signed by all authorised signatories. (e.g. For a joint account, both signatories must sign this form).**
- Where signing under power of Attorney, the Attorney confirms that no notice of revocation of that power has been received. An originally certified copy of the Power of Attorney, including the appointed Power of Attorney's signature, must be lodged with this form if it has not been previously supplied.

Name Date / /

Signature

Individual Partner Director

Company Secretary Sole Director Trustee Executor Power of Attorney

Name Date / /

Signature

Individual Partner Director

Company Secretary Sole Director Trustee Executor Power of Attorney

Common seal (If applicable)