

FIIG Withdrawal Form

FIIG Monthly Income Fund

This withdrawal form relates to the withdrawal from an investment in the FIIG Monthly Income Fund ("Fund"). It is to be read in conjunction with the Product Disclosure Statement for the Fund current at the date of signing this form and available on our website or by contacting us.

Interests in the FIIG Monthly Income Fund are issued by Equity Trustees Limited (ABN 46 004 031 298, Australian Financial Services Licence ("AFSL") No. 240975) in its capacity as the Responsible Entity of the Fund. FIIG Securities Limited is the Investment Manager and promoter of the Fund.

Please send your completed form to:
fiig@boardroomlimited.com.au
 or **FIIG Securities Limited**
 C/- Boardroom Pty Ltd GPO Box 3993
 Sydney, NSW, 2001

Please complete this form using **BLOCK LETTERS** and black ink.

STEP 1: INVESTOR DETAILS

Investor Number

note: your investor number can be found on your managed fund welcome letter and transaction statements.

INVESTOR 1

Title

 Mr Mrs Ms Miss Other, please specify

Surname

Given names

INVESTOR 2

Title

 Mr Mrs Ms Miss Other, please specify

Surname

Given names

INVESTOR 3

Title

 Mr Mrs Ms Miss Other, please specify

Surname

Given names

NON-INDIVIDUAL INVESTORS

Full name of company/partnership/trustee/other entity

Address

City

State

Postcode

Country

Work phone

Home phone

Mobile phone

STEP 2: MANAGED FUND DETAILS

If you are not redeeming all of your units, please ensure that you maintain the required minimum investment balance of \$10,000.

Name of the fund

Units to the \$ value of*

Number of units

All units

* If the dollar value requested is greater than the value held in the fund at the processing date then a full withdrawal for the fund will be processed.

Regular Investment plan

Place an 'X' in the box to cease your regular investment plan. If the box is not crossed, your regular investment plan will continue.

Subject to the Product Disclosure Statement, the withdrawal payment will generally be made within seven business days of us receiving a correctly completed request. Forms received after 2pm or on a day other than a business day will be effective on the next business day. The payment of withdrawal requests received immediately after a distribution period may be delayed.

STEP 3: DIRECT DEPOSIT

Withdrawals must be paid into the account of the investment holder.



IDENTIFICATION MAY BE REQUIRED: A CERTIFIED COPY OF YOUR DRIVERS LICENCE OR PASSPORT IS REQUIRED IF THE BANK ACCOUNT DETAILS ENTERED BELOW DO NOT MATCH THOSE CURRENTLY RECORDED ON YOUR ACCOUNT. SEE STEP 5 FOR ADDITIONAL INSTRUCTIONS.

PAYMENT TYPE

Name of financial institution

Branch Name

BSB number

Branch Name

Account holder name*

Account holder 2 name (if joint account)

*Please ensure that the bank account nominated is held in your name or in a joint account including your name.

STEP 4: REASON FOR YOUR WITHDRAWAL

We value your feedback and would appreciate it if you could take a moment to let us know the reason for your withdrawal.

Select the box that most suits your reason for withdrawing.

- Personal reasons
- Fees
- Starting a self-managed super fund
- Performance
- Service
- Other (please detail in box below)

STEP 5: IDENTIFICATION

! WITHDRAWALS CAN ONLY BE PAID TO A BANK ACCOUNT RECORDED ON YOUR ACCOUNT. IF THE BANK ACCOUNT DETAILS ENTERED IN STEP 3 ARE DIFFERENT TO THAT CURRENTLY ON YOUR ACCOUNT YOU WILL NEED TO SUBMIT A CERTIFIED COPY OF YOUR IDENTIFICATION (DRIVERS LICENSE OR PASSPORT) WITH THIS FORM.

If you are unsure of the bank account registered on your account please contact us.
Please contact us for identification documents which can be provided as a substitute for drivers licenses or passports.

Who can certify your ID?

- a permanent employee of Australia Post who has two or more years of continuous service
- an officer of a financial institution, such as a bank, who has two or more years of continuous service
- a legal practitioner (such as a solicitor) who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia
- a Justice of the Peace
- a registered Pharmacist

Additional certification options are available. Please contact fiig@boardroomlimited.com.au or 1800 01 01 81 for assistance.

STEP 6: SIGNATURE/S

I/we being the named Investor(s) below, hereby agree to be bound by the provisions of the Constitution and the Product Disclosure Statement applicable to the investment which is available on the FIIG website.

For joint investments all investors must sign.

! PLEASE NOTE WE ONLY ACCEPT DOCUSIGN ELECTRONIC SIGNATURES OR TRADITIONAL WET INK SIGNATURES ON FORMS.

Signature

SIGN HERE 

Date (DD/MM/YYYY)

Signatory's full name (please print)

Signature

SIGN HERE 

Date (DD/MM/YYYY)

Signatory's full name (please print)

Signature

SIGN HERE 

Date (DD/MM/YYYY)

Signatory's full name (please print)

PLEASE SEND YOUR COMPLETED FORM TO:

Email to: fiig@boardroomlimited.com.au

or FIIG Securities Limited

C/- Boardroom Pty Ltd GPO Box 3993, Sydney, NSW, 2001

Please contact FIIG on 1800 01 01 81 If you have any questions.