

# WITHDRAWAL FORM

## REDPOINT GLOBAL INFRASTRUCTURE FUND

DATE: OCTOBER 2019

**Please use this form if you are an existing investor in the Redpoint Global Infrastructure Fund (Fund) and wish to make a withdrawal from your investment.**

Please complete the relevant sections in BLOCK letters, using BLACK or BLUE INK. If you make an error while completing this form, please do not use correction fluid. Cross out your mistakes and have all signatories initial the changes.

Before completing this form you should check you have read the latest up to date information for the Fund, by ensuring you have the current Product Disclosure Statement (PDS) and Product Guide, or any website updates for the Fund. A copy of the PDS, Product Guide, and any website updates are available free of charge from [mlcam.com.au](http://mlcam.com.au), or available by contacting Client Services on **1300 738 355**, or from your approved Australian financial adviser (Financial Adviser).

Please return your completed form to:

National Australia Bank  
Attn: Registry Services  
GPO Box 1406  
Melbourne VIC 3001 Australia

Or fax to 1300 365 601

If you have any questions, please contact Client Services on **1300 738 355**.

### 1. INVESTOR DETAILS

Account number

Account name

Contact phone number

Email address

#### Privacy notice

Your privacy is important to us. For more information on how we collect, use, share and handle your personal information, please refer to the NAB Group's Privacy Policy. A copy is available at [mlcam.com.au/privacy](http://mlcam.com.au/privacy) or by contacting Client Services.

## 2. WITHDRAWAL DETAILS

Please indicate if you wish to make a full withdrawal by writing ALL in the units box.

Alternatively, please specify the dollar amount OR number of units you wish to withdraw if you are making a partial withdrawal.

Redpoint Global Infrastructure Fund  
(APIR code PPL0031AU)

A\$ Amount

No. of Units

### 2A. Payment instructions

Please credit my/our bank account (N.B. we do not pay to third parties or by cheque) and use the details you hold in my/our records OR to the following<sup>1</sup>

#### Australian Account

Name of Australian bank or financial institution

Branch

BSB number

 - 

Account number

Account name<sup>2</sup>

<sup>1</sup> All payments and transactions by the Fund are in Australian dollars. Payments into non Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non-Australian resident investors should seek advice from their banking institution.

<sup>2</sup> Payments can only be made to accounts held in the investor's name. No third party payments are made. For joint investors, it must be a joint account.

### 3. DECLARATION AND SIGNATURES

By signing this form I/we acknowledge that I/we have read and understood the current Fund's PDS, Product Guide to which this form relates and I/we agree to be bound by the PDS and Product Guide and the Fund's Constitution, each as replaced, supplemented or updated from time to time. I/We declare that all the details provided on this form are true and correct.

If this form is signed under a Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power. A certified copy of the Power of Attorney and FSC individuals identification form (available on [mlcam.com.au/forms](http://mlcam.com.au/forms)) for the Attorney should be submitted with this form unless Antares Capital Partners Ltd has already sighted it.

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Sole Director 1 <sup>3</sup>	<input type="checkbox"/> Director 1 <sup>3</sup>
<input type="checkbox"/> Attorney 1 <sup>4</sup>	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory <sup>3,5</sup>	

Signature	Full name
	<input style="width: 90%;" type="text"/>
	Date signed (DD/MM/YYYY)
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Residential address**

Unit/Level	Street number	Street name
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Suburb/Town		
<input style="width: 90%;" type="text"/>		
State	Postcode	Country
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

<input type="checkbox"/> Investor 2	<input type="checkbox"/> Individual trustee 2	<input type="checkbox"/> Director 2 <sup>3</sup>	<input type="checkbox"/> Secretary <sup>3</sup>
<input type="checkbox"/> Attorney 2 <sup>4</sup>	<input type="checkbox"/> Partner 2	<input type="checkbox"/> Authorised signatory <sup>3,5</sup>	

Signature	Full name
	<input style="width: 90%;" type="text"/>
	Date signed (DD/MM/YYYY)
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Residential address**

Unit/Level	Street number	Street name
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Suburb/Town		
<input style="width: 90%;" type="text"/>		
State	Postcode	Country
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

3 For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.  
 4 Attorney's signature(s) must be witnessed.  
 5 An Authorised Signatory List must have been previously provided.

**Signature of witness to Attorney 1**

Signature of witness to Attorney 1 signature (witness must be a third party, i.e. not the investor or the named Attorney)  
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 /  / 

**Residential Address**

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

Email address

**Signature of witness to Attorney 2**

Signature of witness to Attorney 2 signature (witness must be a third party, i.e. not the investor or the named Attorney)  
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 /  / 

**Residential Address**

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

Email address