



WITHDRAWAL FORM

ANTARES PERSONAL CHOICE INVESTMENT FUNDS

DATE: DECEMBER 2024

Please use this form if you are an existing investor in the suite of products known as the Antares Personal Choice Investment Funds (Funds) and wish to make a withdrawal from your investment. These Funds are listed in Section 3 of the form.

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.

- Cut-off time for receipt of a withdrawal request is 2:00pm Melbourne time. If it is a non-Melbourne business day, then the following business day's unit price will be applied.
- A minimum withdrawal amount of \$500 applies per Fund.
- Withdrawal requests are usually processed within three (3) Melbourne business days of receipt. Under each Fund's Constitution, longer periods may apply.

Please return your completed form by:

Mail: Antares Registry Services
GPO Box 804
Melbourne VIC 3001

Email: antaresequities_transactions@unitregistry.com.au

Please ensure you include your account number in the subject line of your email.

If you require any assistance with completing this form, please contact Client Services on **1300 738 355**.

Privacy notice

We are committed to protecting your privacy. Any personal information we collect about you will be handled in accordance with our privacy policy, which outlines how we manage your personal information and how you may complain about a breach of your privacy. To obtain a copy, please visit mlcam.com.au/privacy or by contacting Client Services on **1300 738 355**.

1. INVESTOR DETAILS

Mandatory (*)

Account number*

Account name*

2. WITHDRAWAL DETAILS

Fund	APIR Code	Full Withdrawal	Unit Withdrawal	Withdrawal Amount (minimum withdrawal amount of \$500 applies)
Antares High Growth Shares Fund	PPL0108AU	<input type="checkbox"/>	<input type="text"/>	A\$ <input type="text"/>

2A. Payment of proceeds

We will credit the proceeds to your nominated financial institution account on file.¹

To nominate a different financial institution account, please complete a Change of Details Form available at antarescapital.com.au/resource-library or on request from Client Services on **1300 738 355**. Confirmation must be received that your bank account has been updated prior to acceptance of a redemption request.

Please note: that we do not make cheque or third party payments. If a withdrawal request results in you holding less than the minimum balance in the Fund, we may treat your withdrawal request as being for the whole of your investment in the Fund.

¹ All payments and transactions by the Fund are in Australian dollars. Payments into non-Australian 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.

3. DECLARATION AND SIGNATURES

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 antarescapital.com.au/forms) for the Attorney should be submitted with this form unless MLC Investments Limited has already sighted it.

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Sole Director 1 ²	<input type="checkbox"/> Director 1 ²
<input type="checkbox"/> Attorney 1 ³	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory ^{2,4}	

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"/>

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

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"/>

2 For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.
3 Attorney's signature(s) must be witnessed.
4 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

If you have any questions, please contact Client Services on **1300 738 355** or visit **antarescapital.com.au**