



WITHDRAWAL FORM

ANTARES PROFESSIONAL SELECTION INVESTMENT FUNDS

DATE: OCTOBER 2023

Please use this form if you are an existing investor in the suite of products known as the Antares Professional Selection 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.

Before completing this form you should check you have read the current Product Disclosure Statement (PDS), Product Guide (as applicable) and any website updates for the relevant Fund(s). Copies of the documents are available free of charge from antarescapital.com.au or by contacting Client Services on **1300 738 355**, or from your approved Australian financial adviser (Financial Adviser).

- 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 \$5,000 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

This option is only available if withdrawal proceeds are deposited into a previously nominated bank account on file. Please ensure you include your account number in the subject line of your email.

Please ensure this form is signed by existing account signatories.

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

1. INVESTOR DETAILS

Account number

Account name

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**.

2. PAYMENT INSTRUCTIONS

Please only complete this section if you wish to nominate a different bank account to deposit your withdrawal proceeds than what you have previously provided.

Bank Account

Name of Australian bank or financial institution

Branch

BSB number

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Account number

Account name

Note: Payments can only be made to accounts held in the investor name. No third party payments are made. All payments and transactions by the Fund(s) are in Australian dollars. Payments cannot be made into non-Australian bank accounts. For joint investors, it must be a joint account. If a different bank account is nominated above, please return this original form via post to Antares Registry Services.

3. WITHDRAWAL DETAILS

Please select a Fund below for withdrawal:

Fund	APIR Code	Full Withdrawal	Unit Withdrawal	Withdrawal Amount (minimum withdrawal amount of \$5,000 applies per Fund)
Antares Dividend Builder	PPL0002AU	<input type="checkbox"/>	<input type="text"/>	A\$ <input type="text"/>
Antares Elite Opportunities Fund	PPL0115AU	<input type="checkbox"/>	<input type="text"/>	A\$ <input type="text"/>
Antares Ex-20 Australian Equities Fund	PPL5308AU	<input type="checkbox"/>	<input type="text"/>	A\$ <input type="text"/>
Antares High Growth Shares Fund	PPL0106AU	<input type="checkbox"/>	<input type="text"/>	A\$ <input type="text"/>
Total Amount				A\$ <input type="text"/>

Note: If a withdrawal request results in you holding less than the minimum balance, we may treat your withdrawal request as being for the whole of your investment in that Fund. Please refer to the relevant PDS for further details.

4. DECLARATION AND SIGNATURES

By signing this form I/We acknowledge that I/We have read and understood the current PDS for the relevant Fund and the Product Guide (as applicable) to which this form relates and I/We agree to be bound by the relevant PDS, the Product Guide (as applicable) and the relevant 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 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 ¹	<input type="checkbox"/> Director 1 ¹
<input type="checkbox"/> Attorney 1 ²	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory ^{1,3}	

Signature	Full name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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 ¹	<input type="checkbox"/> Secretary ¹
<input type="checkbox"/> Attorney 2 ²	<input type="checkbox"/> Partner 2	<input type="checkbox"/> Authorised signatory ^{1,3}	

Signature	Full name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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"/>

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

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

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**