

Please complete all pages of this form in black or blue ink, using BLOCK letters

Investor Details (must be completed)

Unitholder Number _____

Name _____

Address _____

_____ State _____ Postcode _____

Contact Phone No. _____ or _____

Fund Withdrawal (must be completed)

If you do not specify otherwise, we will withdraw the amount in dollars rather than units. If you wish to withdraw the full amount, please write "ALL".

Name of Fund	APIR code	I wish to make withdrawal(s) as follows:	
		Dollars	<u>OR</u> Units
invest Diversified Income Fund	STT0010AU	\$	
invest Balanced Fund	STT0009AU	\$	
invest Property Fund	STT0012AU	\$	
invest Australian Equity Fund	STT0013AU	\$	
invest International Equity Fund	STT0011AU	\$	
TOTAL		\$	

Note: The minimum withdrawal amount is \$1,000 for each Fund. The minimum account balance is \$1,000 for each Fund. If your withdrawal request takes your Fund balance below the minimum (\$1,000), we reserve the right to treat your request as a full withdrawal from that Fund.

Payment Instructions (must be completed)

EFT to the following account (*please note that withdrawal proceeds cannot be made to third parties*):

Financial Institution: _____

Branch _____

BSB _____ - _____ Account number _____

Account name _____

Reason for leaving the Fund (optional)

To help State Trustees improve the services it provides to you, please tell us why you are exiting the invest Funds

- 1) I am using my funds for another purpose
- 2) On advice from my financial adviser
- 3) I am moving to another investment fund (Please provide reason for moving your investment/s)
 - a) Client Service
 - b) Fees and Charges
 - c) Performance
- 4) Other (please specify) _____

Investor's Signature(s) (must be completed)
Declaration, Applicant Signature/s and Authorisation of Account Signatories

- Where this application has been signed under a power of attorney, that the signing attorney verifies that there is no revocation of that power at the time of signing the Withdrawal form. A certified copy of the power of attorney is submitted with this Withdrawal Form unless otherwise sighted.

Signed Investor A

 Signature

 Name

 Date

 Capacity (For example: investor, power of attorney, legal personal representative, company secretary, director, sole director/ secretary, partner or trustee, whichever is applicable.)

Signed Investor B

 Signature

 Name

 Date

 Capacity (For example: investor, power of attorney, legal personal representative, company secretary, director, sole director/ secretary, partner or trustee, whichever is applicable.)

Contacting State Trustees

You can return this form by mail

Mail

 invest Funds
 State Trustees Limited
 GPO Box 1461
 Melbourne VIC 3001

For more information

 1300 138 672 or
 (03) 9667 6444
 9am to 5pm (EST) Monday to Friday

Office Use Only

STRATIS Product No.

STRATIS Product Manager

State Trustees Fund Services Use Only

Price/Trade Date:

Processed By

Verified By