

# Milford Investment Funds

## Withdrawal Form



If you require assistance, please contact Milford Investor Services on 1800 161 310 or via email [info@milfordasset.com.au](mailto:info@milfordasset.com.au)

**Please return completed form to Apex Fund Services via email, mail or fax.**

**Email:** [registry@apexgroup.com](mailto:registry@apexgroup.com)

**Mail:** Apex Fund Services – Unit Registry

**Fax:** +61 9251 3525

GPO Box 4968, Sydney NSW 2001

### Investment Details

INVESTOR NUMBER	INVESTOR FULL NAME	CONTACT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Withdrawal Details

FUND NAME	UNITS		DOLLAR AMOUNT		ALL UNITS
Milford Australian Absolute Growth Fund	<input type="text"/>	OR	\$ <input type="text"/>	OR	<input type="checkbox"/>
Milford Australian Active 100 Fund	<input type="text"/>	OR	\$ <input type="text"/>	OR	<input type="checkbox"/>
Milford Corporate Bond Plus Fund	<input type="text"/>	OR	\$ <input type="text"/>	OR	<input type="checkbox"/>
Milford Dynamic Small Companies Fund	<input type="text"/>	OR	\$ <input type="text"/>	OR	<input type="checkbox"/>

### Payment Details

Pay to the nominated bank account on file
  Pay to new bank account (please provide details below)

ACCOUNT NAME	BSB NUMBER	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF FINANCIAL INSTITUTION

Please attach a copy of your bank statement so that we can verify the details provided above.

### Declaration and Signature

- Please sign this form below. This form must be signed as per the current signing instructions that we have on record.
- If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please include a certified copy of the power of attorney, if it has not been previously provided, to Apex Fund Services Pty Limited.

**1. FULL NAME OF INVESTOR**

**SIGNATURE OF INVESTOR**

**DATE**

/  /

**2. FULL NAME OF INVESTOR**

**SIGNATURE OF INVESTOR**

**DATE**

/  /