

GPS INVEST PRIVATE FUND

ARSN: 602 348 292

Investor Services: 1800 999 109

WITHDRAWAL REQUEST FORM

Investor Details:		
Name		
Investor number	Best conta	act number
I/we request a withdrawal in	accordance with the Withdrawal Offer ter	rms and conditions:
Withdrawal amount	\$	(\$10,000 minimum)
	s, or any interest earned to this account a	ases below the minimum invested amount of after the withdrawal, will be deposited to the
Reason for withdrawal	☐ Personal reasons ☐ Financial reaso☐ Distribution rate changes☐ Other:	Deceased account holder (please supply a certified copy of the Death Certificate and last will and testament)
Bank Details:		
Funds will be deposited to yo	ur bank account, please confirm account	details:
Bank name		
Account name (in full)		
BSB	- Accou	unt number
Please note: The Fund is not reprovided above. <u>Please write clea</u>		erable funds where it has relied on the information
Authorised Signa	ture/s:	
 acknowledge that, where the rata basis; also understand that GPS Inv 	vestment Fund Limited may cancel this Withdr	lested withdrawal amount will be reduced on a pro
be liable to me/us and I/we reason of, or in connection w	vith this Withdrawal Offer.	Investment Fund Limited nor any other person, by
	Signatory 1:	Signatory 2 (if applicable):
Signature		
Date		
Name (printed)		

Please note: If signed under a Power of Attorney, the Attorney verifies that no notice of revocation of that Power of Attorney has been received. An original or certified copy of the Power of Attorney must be provided if not provided previously. Company applications must be signed in accordance with their Constitution. Sole signatories signing on behalf of a company must confirm that they are signing as a sole director/secretary of the company.