

**1. WITHDRAWAL REQUEST FORM – DS CAPITAL GROWTH FUND**

Investor Number

Investor Name

**CONTACT DETAILS**

Contact name  Contact number

**FULL OR PARTIAL WITHDRAWAL**

Please indicate if you would like to withdraw the total amount of your investment or a partial amount. Please note that a minimum withdrawal amount of \$5,000 applies.

Full withdrawal  Partial withdrawal, please complete the following information:

<b>Total number of units to be withdrawn</b>	<input type="text"/>
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OR

Total amount to be withdrawn

\$

When making withdrawals from the Fund, you may:

- nominate the number of Units in the Fund you want to withdraw first by completing the table set out above; or
- nominate the total amount you wish to withdraw from the Fund.

**DECLARATION AND AUTHORISATION**

Please make sure you have completed the 'Full or Partial Withdrawal' section above.

- In signing, I/we authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that the Responsible Entity will effect it accordingly to the terms and conditions of the applicable current IM.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Name and title of Signatory (block letters please)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Name and title of Signatory (block letters please)	Date

**POST OR EMAIL THIS FORM**

The withdrawal request form is to be mailed or emailed to:

**Mail:** Apex Fund Services Pty Ltd GPO Box 4968 Sydney NSW 2001

**Email:** investorservices@apexgroup.com