Capital Dynamics (Australia) Ltd

Withdrawal Form

1. INVESTOR DETAILS

Issued by Capital Dynamics (Australia) Ltd ("CDAL") ABN 53 129 846 260 AFSL 326283



Complete this form if you are an existing investor requesting to withdraw (all or part of) your investment.

FUND(S) SELECTION & WITHDRAWAL INSTRU	CTION						
		Withdrawal					
Fund name	FULL	PARTIAL					
		Amount (A\$)	Units	Minimum withdrawal (A\$)	Minimum Balance to Retair (A\$)		
i Capital International Value Fund (ARSN: 134 578 180)	0			5,000	20,000		
i Capital Asia-Pacific ex-Japan BTB Fund (ARSN: 646 553 246)				1,000	1,000		
i Capital ASEAN BTB Fund (ARSN 651 424 314)	0			1,000	5,000		
PAYMENT INSTRUCTIONS (Please check your account details carefully. It is y Incorrect details may result in a loss of funds and v				count details are co	orrect.		
Please select how you wish to be paid:							
Telegraphic Transfer (TT) to a foreign finance (A\$20 bank charge applies)	ial institutior	n account					
Beneficiary Name		Bank N	Name				
Bank Address							
Account Number		Swift C	Code				
Pay to financial institution account on file.							
Pay to <u>new</u> financial institution account (mus	st be held wi	th a financial ins	stitution in Au	stralia).			
Name of Financial Institution		Accoun	nt Name				
Branch Address							
Branch Number (BSB)		Accour	nt Number				

4. DECLARATION & SIGNATURE

- I/we expressly declare that I/we have read and understood the PDS and the AIB for the relevant Fund(s), and agree to be bound by the terms and conditions of the PDS and the provisions of the Constitution of the relevant Fund(s), as amended from time to time;
- All details provided in this Withdrawal Form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- · If signing under power of attorney, the attorney declares that he/she has not received notice of revocation of that power; and
- I/we may be required to provide additional proof of identification information for the purposes of AML/CTF Law.

Signator	ry 1	Signa	tory 2 (if applicable)		
Full Name Capacity (mandatory for compan		Capacity (mandato) for compa	y : O Director O Sole director O Secretary		
Date (dd/mm/yyy	:	Date (dd/mm/y	:		
O If there	are more than 2 signatories, please provide their sign	atures and d	etails on a separate sheet and tick this box.		
Once comp	leted, please send the ORIGINAL form to:				
In-person:	Suite 101, Level 1, 49-51 York Street Sydney, NSW 2000 Australia	c/- G Sy	By mail: Capital Dynamics (Australia) Limited c/- Boardroom Pty Limited GPO Box 3993 Sydney NSW 2001 Australia		

Alternatively, you can complete and submit your Withdrawal Form via Investor Portal at <code>iportal.capitaldynamics.com.au</code>





