



# ASCF

Australian Secure Capital Fund

## Early Withdrawal Form

Use this Form to make a request to withdraw (all or part of) your investment in Australian Secure Capital Funds Ltd ("Funds") prior to the expiration of your investment term. Please note Australian Secure Capital Fund Ltd will consider (but is not obliged to grant) a request by Investors who, through unforeseen or exceptional circumstances, wish to withdraw part of whole of their investment prior to the maturity date of their investment.

Such an early withdrawal will be at the sole discretion of ASCF and completion of this form does not guarantee your funds will be available prior to the expiration of your investment term. In considering whether to allow the withdrawal, ASCF will have regard to all the facts and circumstances, including ASCF's statutory duties to act in the best interests of all investors of the Funds. Refer to pages 4 and 12 of the PDS.

Minimum balances of the Funds are: A\$5,000

### EARLY WITHDRAWAL PROCESS

#### STEP 1

Complete this form in its entirety and write clearly within the boxes in CAPITAL LETTERS.

Mark appropriate answer boxes with a cross

#### STEP 2

Send us your withdrawal form:

**Option 1-** Post your completed form to:

Australian Secure Capital Fund  
PO Box 1475  
MILTON QLD 4064

**Option 2-** Email your completed form to:

investor@ascf.com.au

**Got a question? We're happy to help!**

**Call us on 1300 269 419**

### SECTION A

Investment Account Number

Investor name (in full)

### SECTION B

#### WITHDRAWAL INSTRUCTIONS

Please mark the Fund you wish to withdraw from and specify the Withdrawal Amount.

#### FUND

Premium Capital  
(min. \$5,000)

Select Income  
(min. \$5,000)

High Yield  
(min. \$5,000)

Withdrawal Amount

Balance Remaining

### SECTION C

Please state why you require the early withdrawal of your investment.

If your request is approved, please state the date you require the funds.

Please note you do not have the right to withdraw your investment from the Funds until your Investment has expired, subject to limited and exceptional circumstances, permitted by ASCF, such as hardship.

**CONTACTING US**

**Investor Services:**

Open 9.00am to 5.00pm AEST

Monday - Friday

1300 269 419 (Australia only)

+61 7 3506 3690

investor@ascf.com.au

Website: ascf.com.au

**Office Address:**

Level 1, 50 Park Road, Milton QLD 4064

**Post your application to:**

Australian Secure Capital

PO Box 1475

Milton QLD 4064

OR

Scan and email your application to:

investor@ascf.com.au

**DECLARATION AND SIGNATURES**

Signature/s must match the signing authority held by Australian Secure Capital Fund Ltd for your Investment Account.

If signing as an authorised representative (agent or attorney) on behalf of the Investor, you warrant you are acting under a power of attorney or operating authority granted by the Investor. The signature/s must match the power of attorney documents or operating authority held by Australian Secure Capital Fund Ltd.

**Signature of Investor 1**

X

**Signatory's full name**

Tick capacity (mandatory for companies)

Sole Director & Secretary     Director     Secretary     Trustee

**Date**

**Signature of Investor 2**

X

**Signatory's full name**

Tick capacity (mandatory for companies)

Sole Director & Secretary     Director     Secretary     Trustee

**Date**

If there are more than two Investors please download an Additional Investor form at [ascf.com.au/investor-forms/](http://ascf.com.au/investor-forms/)