



INVESTORS MUTUAL

ABN 14 078 030 752 | AFSL 229988

Withdrawal Form

Use this Form to make a full or partial withdrawal from one or more of the Investors Mutual Funds (“Funds”). Prior to completing this Form, please consider the current Product Disclosure Statement, Target Market Determination and Investment Guide, where applicable, which can be found at our website iml.com.au/IML7090AU. If you have questions about completing this Form please contact Investors Mutual Limited (“IML”) on 1300 551 132.

1. Unit Holder Details

Account name (in full)

2. Redempton Instructions

Fund Name	Investor number	Redemption Amount (Minimum redemption amount is \$5,000 per Fund)
Investors Mutual Australian Share Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Equity Income Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual All Industrials Share Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Concentrated Australian Share Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Small Cap Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Future Leaders Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Australian Smaller Companies Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Private Portfolio Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Private Portfolio Fund Class B Units	<input type="text"/>	\$ <input type="text"/>

3. Payment Details

Please pay the proceeds of this withdrawal via direct credit to:

The financial institution account details previously supplied for this account.

OR

The new financial institution account details listed below:

Bank

BSB

Account No.

Account name

Withdrawals must be paid into the account of the investment holder and cannot be paid to a third party. We are unable to complete your request where there is a difference between the account name and the Investor(s) name. Please note, that if you are requesting the redemption to be paid to a financial institution account that is different to that nominated on your initial application form we must receive this instruction in its original format by post.

4. Declaration

Signatures must match the signing authority on this account. If signed under a Power of Attorney, the attorney declares that he/she has not received any notice of revocation of that power or the death or mental incapacity of the Investor. A certified copy of the Power of Attorney must be submitted with this Form unless we have previously sighted it. If executed by a company, the Form must be executed in accordance with the company's constitution or the Corporations Act 2001 by an authorised officer or attorney who has not received notice of any revocation.

5. Signatures

Signature	Date
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>
Signature	Date
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

6. Contact Details

Name	<input type="text"/>
Email	<input type="text"/>
Phone	Date
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

7. Send Your Completed Instruction To:

Your Redemption request and cleared application monies must be received and identified (and accepted by us) **before 4.00pm Sydney Time** on a Business Day in Sydney, Australia to be processed with the unit price calculated for that day. Investors Mutual Limited will not be responsible for any postal or service delivery delay or failure.

The information within this form is taken at face value. Any discrepancies within the instructions are only raised through usual processing.

Send your completed form to:

Investors Mutual limited
C/- Citi Unit Registry Australia
GPO Box 764
Melbourne VIC 3001

Fax 1300 714 616