



Perennial Trusts

Investment Withdrawal Form

3 May 2016

Issued by the Responsible Entity: Perennial Investment Management Limited
 ABN 13 108 747 637 AFSL 275101 (PIML) Investment Manager: Perennial Value
 Management Limited ABN 22 090 879 904 AFSL 247293 (Perennial).
 For immediate assistance please call a Client Services Representative on 1300 730 032
 (+612 8274 2777 New Zealand).

Please use CAPITAL letters and tick (✓) boxes where appropriate.

All words and phrases in this investment withdrawal form have the same meaning as given to them in the relevant product disclosure statement (PDS) and Additional Information Booklet (if applicable).

Confirmation of your withdrawal will be sent to you usually within seven business days after your withdrawal request is finalised.

Please be aware that fraudulent or other unauthorised instructions or requests can be made by persons who have access to your name, investor or account number and a copy of your signature. Accordingly, you agree to accept full responsibility and release and indemnify PIML, Perennial or any other company within the IOOF group and the Trust(s), against all claims and demands for any loss arising as a result of us acting upon a request/instruction which appears to bear your signature(s).

Please complete all 4 steps to ensure that your withdrawal is processed as quickly as possible.

Step 1: Investor(s) Details

Investor Number 1

Investor Number 2 (if applicable)

Full Name/Company Name

Mailing Address (for withdrawal confirmation and all other future correspondence)

Suburb/City

State

Postcode

Phone (Home)

Phone (Work)

Step 2: Account Details

The minimum withdrawal amount is \$5,000 or the equivalent value in units per Trust.

For full redemptions, please write 100%.

The minimum account balance is \$25,000 for all Perennial Trusts.

Investor Number	Name of Trust	APIR Code	Withdrawal Amount (\$)	OR	Units
<input type="text"/>	Perennial Value Australian Shares Trust	IOF0200AU	\$ <input type="text"/>		<input type="text"/> Units
<input type="text"/>	Perennial Value Shares For Income Trust	IOF0078AU	\$ <input type="text"/>		<input type="text"/> Units
<input type="text"/>	Perennial Value Smaller Companies Trust	IOF0214AU	\$ <input type="text"/>		<input type="text"/> Units
<input type="text"/>	Perennial Value Wealth Defender Australian Shares Trust	IOF0228AU	\$ <input type="text"/>		<input type="text"/> Units
<input type="text"/>	Perennial Value Shares Wholesale Trust	IOF0206AU	\$ <input type="text"/>		<input type="text"/> Units

Step 3: Payment Details

Payments cannot be made to a third party.

Please tick (✓)

Please issue a cheque

OR

Please deposit into my bank account

BSB Number

-

Account Number

Account Name

Please allow at least 10 working days (including mail time) from the date we receive your request to receive funds.

Step 4: Signature(s)

- The withdrawal must be signed by **all account owners** (unless instructions to accept one signature have previously been given to PIML in writing).
- If you think your signature may have changed since you originally opened your investment, please provide a copy of your driver's licence or passport for verification purposes.
- I/We declare that all the details given in this form are correct and true.
- I/We hereby request to withdraw the above amounts from my/our account(s) and to have the amounts paid to me/us as specified.

Power of Attorney

If your application is signed under a Power of Attorney, please enclose a *certified copy* of the Power of Attorney with your Application Form. If signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

For Company Investors

This withdrawal request must be signed:

- by two Directors or a Director and Company Secretary; or
- by the Sole Director (where applicable); or
- under Common Seal.

Signatory 1

Title (if applicable)
e.g. Director/Sole Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/ /

Signatory 3 (for additional Trustees if applicable)

Title (if applicable)
e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/ /

Common Seal (if required)

Signatory 2

Title (if applicable)
e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/ /

Signatory 4 (for additional Trustees if applicable)

Title (if applicable)
e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/ /

Please return your completed form to:
Perennial Trusts
Registry Services
GPO Box 1406
Melbourne VIC 3001

OR

Fax to:
1300 365 601

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