## Withdrawal Request Form



Please indicate (X) how you wish to receive your payment by selecting one of the following:

Direct credit ► to the account we have on file
Direct credit ► to the new account in section 4.



Contact details				
Mail your completed for	orm to:			
Impax Sustainable Lea GPO Box 3993 Sydney NSW 2001 (no				
If you have any questions regarding this form, please contact our Investor Services Team on 1300 721 637.				
1 Investor det	ails			
Existing account name				
Existing account number				
2 Withdrawal	details (select only one option)			
Fund name				
Please indicate ( <b>X</b> ) how you wi	ish to receive your payment by selecting one of the following:			
Full withdrawal	ease proceed to section 3.			
Partial withdrawal Pl	ease indicate dollar value or units to be withdrawn.			
Dollar value (\$)	or Units			
3 Payment ins	tructions			

4 Accou	unt details			
receive the origina	tion if you wish to change your bank account detail Il, signed request and will not accept new bank acco on overrides any previous bank account details pro I institution.	ount details via fax, tele	ephone or email. Providing your new account	
Financial institution	n			
Branch				
Account name				
Branch number (B	SB) — — —	Account number		
5 Signature(s)				
This form must be signed in accordance with the current signing instructions on file. Where signing under Power of Attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the Power of Attorney, including the appointed Power of Attorney's signature, must be lodged with this form if it has not previously been supplied.				
Investor 1		Investor 2		
Signature		Signature		
Date	/ /	Date	/ /	
Surname		Surname		

Given name(s)

Capacity

Director

Secretary (company investors only)

Given name(s)

Capacity

Sole Director

Secretary (company investors only)

Director