

Summit Biotech Fund Redemption Request Form



Please complete this form and return to:

Summit Funds Management Pty Ltd
PO Box 883
Nedlands WA 6909
Email: info@summitfunds.com.au

1. Investor Details

Account Name(s)

Designation

Investor Number

2. Contact Details

Address

Daytime Telephone No.

3. Transaction Details

Full Withdrawal

Units

Partial Withdrawal

or

Units

4. Payment Instructions

☐

By Cheque payable to Investor(s) and mailed to registered address

☐

By Cheque payable to third party (please provide details below):

Payee Name

Payee Address

Direct Credit to the following account:

Financial Institution

Branch

BSB

Acc No

5. Signature(s)

Investor 1 or Director Name

Signature

Investor 2 or Director Name

Signature

Date

If signed under Power of Attorney, the Attorney encloses a Certified Copy of Power of Attorney and declares that he/she has not received notice of revocation of that power.

For further assistance please call Summit Funds Management on (08) 6277 0050

CIP Licensing Limited ABN 63 603 558 658 AFSL 471728



sbf

Summit Biotech Fund **Change of Details**