

# Zurich Investments Funds

## 1 Investment details

 Investment number                     

## 2 Investor 1 details (or company details)

 Title  Surname  Given name(s) 

 Full company name (if applicable) 

## 3 Investor 2 details (if applicable)

 Title  Surname  Given name(s) 

## 4 Request for withdrawal

I would like to transact in accordance with the following:

Zurich Investments Fund	APIR Code	Units	Amount
Small Companies Fund Class D (Celeste Funds Management)	ZUR7150AU		\$
Small Companies Fund (Celeste Funds Management)	ZUR0583AU		\$
Australian Property Securities Fund (Renaissance Property Securities)	ZUR0064AU		\$
Global Thematic Share Fund (Lazard Asset Management)	ZUR0061AU		\$
Hedged Global Thematic Share Fund (Lazard Asset Management)	ZUR0517AU		\$
Unhedged Global Thematic Share Fund (Lazard Asset Management)	ZUR0518AU		\$
Global Thematic Focus Fund (Lazard Asset Management)	ZUR4756AU		\$
Global Growth Share Fund (American Century Investments)	ZUR0580AU		\$
Unhedged Global Growth Share Fund (American Century Investments)	ZUR0581AU		\$
Hedged Global Growth Share Fund (American Century Investments)	ZUR0621AU		\$
Concentrated Global Growth Fund (American Century Investments)	ZUR0617AU		\$
Hedged Concentrated Global Growth Fund (American Century Investments)	ZUR0619AU		\$
Emerging Markets Equity Fund (Wells Capital Management)	ZUR0614AU		\$
Managed Growth Fund	ZUR0059AU		\$
ACI Healthcare Impact Fund (American Century)	ZUR4499AU		\$

Please ensure that you have read and understood the PDS.

## 5 Bank account informations

The bank account you nominate below will be credited with your withdrawal.

 Name of financial institution 

 Branch address 

 Account name 

 Bank/State/Branch (BSB number)       –       Account number                     

Withdrawal payments must be made to the investor's bank account. Payments to third parties are not permitted.

## 6 Declaration and Signature

I/We agree that where the redemption represents a full redemption, the payment of the benefit in accordance with my/our instructions constitutes a full and effective discharge from Zurich Investment Management of all its obligations under the investment.

- I/am we/are bound by any terms and conditions contained in the PDS and the provisions of the Constitutions of the funds I/am we/are invested in as amended from time to time.
- I/we have legal power to transact on this account.
- If this request is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it).
- Sole signatories signing on behalf of a company confirm that they are signing as sole director and sole secretary of the company.
- Joint investors must sign this form unless indicated otherwise on your initial application.
- Zurich Investment Management Limited and its related entities will not be liable to me or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where Zurich Investment Management Limited refuses to process a transaction.
- Withdrawal requests by a trustee(s) must be signed by each trustee. In the case of company signatories two directors, or a director and a company secretary must sign unless the sole director is also sole company secretary

### Investor 1

Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
X / /

### Investor 2

Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
X / /

- If you are signing under a Power of Attorney, attach a certified copy of the Power of Attorney document (if this has not already been provided).
- each page of the Power of Attorney document must be certified by a Justice of the Peace, Notary Public or Solicitor.
- should the Power of Attorney NOT contain a sample of the Attorney's signature, please also supply a certified copy of the identification documents for the Attorney, containing a sample of their signature, eg Drivers Licence, Passport, etc. 1.

## Your privacy

The information you provide in this form is collected in order for Zurich to process your request regarding your investment. To do this, we may disclose this information to our administrator or other service providers. You can gain access to the information by contacting our Client Services team (details are set out below). If you do not provide accurate information we may not be able to process your request. To review Zurich's privacy policy please visit our website, [www.zurich.com.au](http://www.zurich.com.au), or contact the Zurich Privacy Officer on 132 687 or email us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au).

## Any questions?

Please contact Zurich Customer Care on **131 551**.

Fax: 02 9287 0302

Email: [ut.admin@zurich.com.au](mailto:ut.admin@zurich.com.au)

**Please send your completed form:**

**Zurich Investment Management Limited**  
**PO Box 3721**  
**Rhodes NSW 2138**

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Print Form