

Withdrawal Form

Please print within the boxes in CAPITAL LETTERS. Mark appropriate boxes with a cross i.e.

Send the completed withdrawal form by fax to (02) 9323 6411 or by mail to:

AZ Sestante Limited
C/O- State Street Australia Limited - Unit Registry
Level 14, 420 George Street
Sydney NSW 2000

Investor code

Withdrawal details (Please refer to the relevant product disclosure statement before completing this section.)

I/we wish to withdraw from the fund as follows (please select one option):

a) Number of units

b) Amount A\$, , .

c) Entire investment

Name of fund Sestante Diversified Fund

Investor name(s)

Contact details
(Phone or Email)

Payment details (Note: Withdrawal payments will not be paid to third parties.)

I/we elect to receive payment by (please select one option):

a) Direct credit

These details will override any bank account details previously provided to us. Please leave blank if your preferred bank details are the same as those you have previously provided.

Name of Financial
Institution

Branch address

Branch BSB

Account number

Account name

b) Cheque

The cheque will be mailed to the address recorded on our registry.

Signatures

If this withdrawal is signed by an attorney, the attorney states that there is no notice of revocation of the power of attorney under which this withdrawal is signed.

Investor 1/Director/Sole Director/Trustee*

Investor 2/Director/Company Secretary/Trustee*

Signature

Signature

Company seal (if required)

Print name

Print name

Date

Date

*For company accounts:

1. Please indicate your office held as sole director, director, or company secretary.
2. Two directors, or one director and one company secretary must sign, unless the company is a sole director company in which case the sole director must sign.



AZ SESTANTE
AZIMUT GROUP

AZ Sestante Limited
ABN 94 106 888 662 AFSL 284 442