

NOTICE OF WITHDRAWAL FORM

You can complete this form on-screen by typing directly into each field. If you would like help completing this form we are only a phone call away.
Please call 0800 870 326 or email investments@mmt.net.nz

WHO SHOULD COMPLETE THIS FORM?

Please use this form to apply for a withdrawal from your Midlands Funds Management account. You can select a full or partial withdrawal. If you are applying for a withdrawal from a deceased investors' Midlands Fund Management account, please use the "Deceased Estate Withdrawal" Form.

1. WITHDRAWAL INFORMATION

Date :

Tick the fund you are withdrawing from: Smarter PIE Fund Wholesale Fund

Customer Number (if known):

Midlands Account Name:

Note, this is the name of your Midlands account, NOT your personal name.

Full Withdrawal **Close My Account**
Withdraw the full account balance Please close my account after withdrawing the full account balance

Partial Withdrawal **Total amount of withdrawal:** \$
Make a partial withdrawal from the account outlined below

I request that the proceeds be credited to the following bank account:

For your protection, we will only pay into an authorized bank account in the account holders name. If you wish the funds to be paid in a different bank account that has not been authorized, we will require a copy of a bank system.

2. AUTHORISATION

I/we hereby request the following withdrawal to my/our investment in accordance with the provisions of the Midlands Funds Management product disclosure statement and Governing Document.

Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>

Note:
1. For Joint Accounts, if the account was set up with single authorization, we only require one party to sign this document. If joint authorization was instructed, we will require ALL parties to sign this document.
2. For companies or trusts, we require all authorized signatories to sign this request unless we hold signed, written authority from all parties for single authorization.

3. CERTIFICATE OF NON-REVOCATION OF ATTORNEY

YOU ONLY NEED TO COMPLETE THIS SECTION IF THE WITHDRAWAL APPLICATION IS BEING SIGNED BY A POWER OF ATTORNEY.

I, , of
(Print Full Name) (Occupation of attorney)

of
(Full address of attorney)

HEREBY CERTIFY THAT:

1. By the power of attorney dated the day of 20

(Name and occupation of person for whom attorney is signing)

("the donor") appointed me his/her/its attorney on the terms and conditions set out in that power of attorney.

2. I have executed the adjacent notice of withdrawal as attorney under that power of attorney and pursuant to the power therein conferred upon me.

3. At the date of this certificate, I have not received any information of the revocation of that power of attorney by the death (or winding up) of the donor or otherwise).

Name: Signature: Date:

Name: Signature: Date:

Note: If signed by an attorney, please:

1. Ensure that Midlands Funds Management has seen the original power of attorney and holds a copy.
2. Complete the certificate of non-revocation of power of attorney.

4. SUBMITTING THIS APPLICATION

This completed application form may be scanned and emailed to: investments@mmt.net.nz

Or dropped off to:

Midlands Funds Management Limited
1/111 Karamu Road
Hastings 4122 (behind Kindred Road Cafe)

Or posted to:

Midlands Funds Management
PO Box 609
Hastings 4156

- Once we receive your application we will check all the details and authorize the withdrawal.
- We require 5 business days notification of any withdrawal request.
- Once the withdrawal has been processed we will email/provide you with a Withdrawal Confirmation Letter and an updated Unit Certificate reflecting your new investment balance.

Questions? We're here to help:

Call us: 0800 870 326 | Email us: investments@mmt.net.nz | www.midlandsfundsmanagement.co.nz
Pop in and see us (no appointment necessary): 1/111 Karamu Road North, Hastings