

# QuayStreet Funds Withdrawal Request Form

This completed Application Form should be returned to:

**QuayStreet Asset Management Limited**  
 Client Services  
 PO Box 13155  
 Tauranga Central  
 Tauranga 3141

Phone: 0800 782 900  
 Email: info@quaystreet.com

**Account Number**

**Account Name**

**Title** *please select one*

Mr  Mrs  Miss  Ms  Dr  Other

**Full Name** *first, middle and last name*

**Mailing Address** *if not the same as residential address*

Post code | | | | |

Home Ph  Mobile

Work Ph

Email

**Prescribed Investor Rate (PIR)**

*select one option only*

10.5%  17.5%  28%  Other *specify*

IRD Number | | | | | | | | | |

*This IRD number is the primary number for the account*

**Withdrawal Request**

Full withdrawal  Partial withdrawal *state amount required* \$ \_\_\_\_\_

Regular drawdown *complete the drawdown amount, frequency and date details below*

**Drawdown Amount** \$ \_\_\_\_\_  Monthly  Quarterly  6 Monthly  Annually

**Date of First Drawdown** | D | D | | M | M | | Y | Y | Y | Y |

*please indicate \$ amount or number of units to be withdrawn*

QuayStreet Funds	\$ Amount	Number of Units
QuayStreet Fixed Interest Fund	_____	_____
QuayStreet Income Fund	_____	_____
QuayStreet Conservative Fund	_____	_____
QuayStreet Balanced Fund	_____	_____
QuayStreet Balanced SRI Fund	_____	_____
QuayStreet Growth Fund	_____	_____
QuayStreet New Zealand Equity Fund	_____	_____
QuayStreet Australian Equity Fund	_____	_____
QuayStreet International Equity Fund	_____	_____
QuayStreet Altum Fund	_____	_____

*Please complete form overleaf*

If you require a full withdrawal from a fund please complete 'ALL' in the units box.

### Payment Details

I/we request that the proceeds of my/our withdrawal be credited to the following bank account in my/our name

Name of Bank

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Name of Account

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Account Details

BANK	BRANCH	ACCOUNT NUMBER	SUFFIX

Please provide a pre-encoded deposit slip or certified verification of your bank account



### CAPACITY

Please enter the 'Capacity' in which you are signing this Application Form i.e. Self; Attorney for the Client; Parent or Guardian for a Minor.

### SIGNING AS ATTORNEY

If you are signing this application form as attorney for an applicant, please contact Craigs Investment Partners before you sign it. We will send you the appropriate Certificate of Non-revocation of Power of Attorney that must be signed by you when you sign the application form.

### FOR A TRUST

All authorised trustees must sign.

### FOR A COMPANY

If there is one Director, that Director must sign and have their signature witnessed. If there are two or more Directors, those Directors authorised on the account must sign.

### Declaration:

To the best of my knowledge and belief all information provided is true and accurate. In respect of a full withdrawal I/we acknowledge that on receipt of the funds, I/we will have no further claim against or financial interest in QuayStreet Asset Management Limited.

Full Name *first, middle and last name*

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Capacity

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Signature

---

Date 

D	M	Y

Full Name *first, middle and last name*

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Capacity

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Signature

---

Date 

D	M	Y

### Witness (required for Companies that have only one Director):

Full Name *first, middle and last name*

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Capacity

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Signature

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Date 

D	M	Y