## Withdrawal request form



## **Client details**

Account Name														Unitholder Number:					
															] PM				
Wit	hd	rav	val options																
<b>Full withdrawal</b> Withdraw the full account balance						Partial withdrawal Make a partial withdrawal from my fund(s) outlined below of \$													
			ose my account	t															
		-	<b>ar withdrawal</b> a regular withc	drawal from my fu	nd(s) (	out	lined	d b	pelow of \$										
	Start Date* End Date				Frequency														
								\	Weekly F	ortnightly		Mon	thly		Qu	arterly		Annually	
				te your withdrawa nds by a certain d		be p	rice	d,	it will then be pa	id 3-5 work	ing day	s afte	er th	is c	date. Ple	ase bea	r this in	mind if	
Tick	eitl	hert	the number of u	inits or \$ amount	you wi	ish <sup>.</sup>	to s	ell	for each fund:										
Australasian Growth (15 business day wait period after receipt of request)*														Growth 2 business day wait period after receipt of request)					
	Γ				] [			7											
Units	L	\$ Amount				its	\$		Amount			Units	\$		Amount				
	Istralasian Dividend Growth D business day wait period after receipt of request)*						al Gr		vth lay wait period after re	eceipt of reques		Cons (Up to				t period a	fter receip	of request)	
Units						Units \$ Amount Un Growth UK & Europe Ct							\$		Amount				
Australasian Emerging Companies (15 business day wait period after receipt of request) **									ay wait period after re	eceipt of reques		Chaii (15 b)			ay wait per	iod after i	receipt of r	equest)**	
Units		\$	Amount		Un	its	\$		Amount			Units	\$		Amount				
			Infrastructure ess day wait period a	after receipt of request			Inco 5 but		<b>le</b> ess day wait period aft	er receipt of rec	quest)								
	Γ																		
Units		\$	Amount		Un	its	\$		Amount										
mark	et v	olati		rease this to 20 wor e discretion to increa															
Reas	son	for	withdrawal																
Bar	nk a	acc	ount details	5															
Account Name Bank																			
Brar	ich								Account Numb	per									
				f bank account detail hone to confirm the i			e not	pr	Bank Branch reviously supplied on	Account N e or if it is diffe			one p		vided previ	ously.			
Sig																			
Nam	e 1	/ Di	rector 1 / Trust	ee 1		Sigr	natu	re				Date	<i>i</i>						
		, 51		=	) [														
Nam	irector 2 / Trust	tee 2		Signature							)								
			] [																
Name 3 / Director 3 / Trustee 3						Signature													
			0	required to sign															
Pro	ce	ssi	ng your requ	lest															

Please send this request to clients@piefunds.co.nz or Pie Funds Management Ltd – Client Services, PO Box 33-1079, Takapuna, Auckland 0740 to be processed. We will confirm receipt by email and, if required, request any additional documents to complete the transaction. Once this document and all related supporting documentation has been received your funds will then be withdrawn subject to the wait period above for each fund and as set out in the Product Disclosure Statement available at www.piefunds.co.nz