Withdrawal Form

Octagon Investment Funds

If you have any questions regarding this form, please contact Octagon Investment Funds on 0800 628 246.

Individual or joint applicants: Also Directors for Company or Incorporated Entity Applicants, Trustees for Trust Applicants, Partners/ Authorised Signatories for Partnerships or Unincorporated Entity Applicants, and Executors for Deceased Estates Applicants. (Please enter the

primary contact person first)

Account Number: Please note your Octagon account number can be up to ten characters long.

Applicant D	Details					
Account Nu	mber:					
Company/Incorporated Entity, Trust, Partnership/Unincorporated Entity, Deceased Estate Name:						
Individual o	or Joint Applica	ants				
O Mr	O Ms	Mrs	Miss	Or	Other	
Full Name:						
O Mr	Ms	Mrs	Miss	O Dr	Other	
Full Name:						
O Mr	Ms	Mrs	Miss	O Dr	Other	
Full Name:						
O Mr	Ms	Mrs	Miss	O Dr	Other	
Full Name:						

Please note: The withdrawal value shall be the unit value on the valuation day of the relevant Fund. You may have PIE tax deducted when your withdrawal is processed and sell spreads may apply. For each Fund, payment is generally processed on the next valuation day following receipt of a withdrawal notice by the Manager. The Manager may defer payment for up to five days where it is necessary to realise investments to meet the withdrawal proceeds.

Withdrawal Details

I wish to make a withdrawal from the following fund(s)

Fund	Full withdrawal (please tick)	Withdrawal amount:
Enhanced Cash Fund:	\$	
New Zealand Equities Fund:	\$	
Australian Equities Fund:	\$	
Listed Property Fund:	\$	
Global Equities Fund:	\$	
New Zealand Fixed Interest Fund:	<u></u>	
O Income Fund:	<u></u>	
Balanced Fund:	<u></u>	
Growth Fund:	<u></u>	

Full withdrawal

Please turn over



Account to be credited

Nominated Bank Account: the bank account indicated on your Application Form.

Bank Account Details: You may alter your bank account details for receiving distributions by contacting us in writing and giving us at least 2 business days notice. I wish my withdrawal to be deposited into my nominated bank account

Bank Account Details

Account Name:									Ва	nk:				
Account Number:														
	BANK		BRANCH			ACCOUNT NUMBER					SUFFIX			

Agreement and Signature

Name:	Name:
Signature:	Signature:
Date: DAY MONTH YEAR	Date: DAY MONTH YEAR
Name:	Name:
Signature:	Signature:
Date: DAY MONTH YEAR	Date: DAY MONTH YEAR