

# Regular Withdrawal Form

## Octagon Investment Funds

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

### Applicant Details

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

Account Number:

Company/Incorporated Entity, Trust, Partnership/Unincorporated Entity, Deceased Estate Name:

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)

### Individual or Joint Applicants

Mr  Ms  Mrs  Miss  Dr  Other

Full Name:

Mr  Ms  Mrs  Miss  Dr  Other

Full Name:

Mr  Ms  Mrs  Miss  Dr  Other

Full Name:

Mr  Ms  Mrs  Miss  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.

### Regular Withdrawal Details

Withdrawal amount:

- Enhanced Cash Fund:
- New Zealand Equities Fund:
- Australian Equities Fund:
- Listed Property Fund:
- Global Equities Fund:
- New Zealand Fixed Interest Fund:
- Income Fund:
- Balanced Fund:
- Growth Fund:

Date of first withdrawal:

DAY                  MONTH                  YEAR

Withdrawal frequency:  Monthly  Quarterly  6-monthly  Annually

**OFFICE USE ONLY**  
Upon receipt of this client instruction, please enter directly into the Investment Funds App. Please scan a copy to client notes for your reference.



Please turn over

**Account to be credited**

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

I wish my withdrawal to be deposited into my nominated bank account

**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.

**Bank Account Details**

Account Name:	Bank:
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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			