



Withdrawal request

The minimum withdrawal amount is \$1,000.

1. Investment Details

Fund manager: Spectrum Asset Management Limited

Fund name: Spectrum Strategic Income Fund

Client/Portfolio name:

Client/portfolio number:

Daytime contact number:

Unit Class: N/A

2. Payment Details

Amount of this withdrawal request: \$

OR

Number of units of this withdrawal request:

OR

All of my holdings:

How will this withdrawal be made?

*EFT to the nominated account on record.

*Please note that you can only elect EFT for accounts that are already held on record. If you wish to add or change your account details, please refer to the Change of Details form.

3. Declaration and Signature

- Please sign this form below. This form must be signed as per the current signing instructions that we have on record.
- If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please mail a certified copy, if it has not been previously provided, to Mainstream Fund Services Pty Ltd.

Signature of investor or company officer:

Name:

Title:

Date: ____/____/____

A certified copy of the Power of Attorney* is being mailed to Mainstream Fund Services Pty Ltd to accompany this form: YES NO

*Power of Attorney: a third party with authority to make investment decisions on behalf of the investors.

4. Completed form to be sent to

Attention: Unit Registry – Spectrum Strategic Income Fund, GPO Box 4968, Sydney, NSW, 2001

Email: registry@mainstreamgroup.com (please enter fund name on the subject line).

Fax: 02 9251 3525