

Withdrawal Form

Issuer and Trustee/Responsible Entity | AGP Investment Management Limited
Date | 8 June 2023

Section A Investor Details

Shareholder Reference Number (SRN)

Fund or Trust in which investment is held (MUST BE COMPLETED)

Registered Account Name (in full)

Registered Address

Level

Street number

Street name

Suburb

State

Postcode

Country

Contact Details

Phone

Email

Section B Withdrawal Details

WCM Quality Global Growth Fund (Managed Fund) Class A (Unhedged)¹

APIR Code: SWI1413AU

Number of Units

or

Amount (AUD)

or

Balance of investment in the Fund
(Please check the box)

WCM Quality Global Growth Fund (Managed Fund) Class B (Hedged)¹

APIR Code: SWI4949AU

Number of Units

or

Amount (AUD)

or

Balance of investment in the Fund
(Please check the box)

WCM International Small Cap Growth Fund (Managed Fund)¹

APIR Code: SWI19720AU

Number of Units

or

Amount (AUD)

or

Balance of investment in the Fund
(Please check the box)

Woodbridge Private Credit Fund²

APIR Code: SWI9392AU

Number of Units

or

Amount (AUD)

or

Balance of investment in the Fund
(Please check the box)

Please note:

1. The minimum withdrawal amount is \$10,000 and the minimum account balance is \$20,000. Please refer the Product Disclosure Statement and Product Guide for more details.
2. This Fund is available to Wholesale Investors only. The minimum withdrawal amount is \$25,000 and the minimum account balance is \$25,000. Please refer the Information Memorandum for more details.

Section C Payment Instructions

Pay to the current nominated account

Pay to the account nominated in Section D

Note: Payments to third-party bank accounts are not permitted. If the account is different to the nominated account details on file, we require you to instruct us via mail. We will also require you to attach a copy of your bank statement in order to verify the account details provided below.

Section D Nominate your account (Optional)

Only complete this section if you wish to have the proceeds of the withdrawal paid directly into an account which is different to the nominated account on file or if no account is on file. Otherwise please leave blank.

Australian institution	Branch
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Account name

BSB	Account number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Note: Only Australian bank, building society or credit union accounts can be accepted. For security the account must be in the registered unit holders name. Requests must contain bank, building society or credit union deposit instructions otherwise we will not be able to process the instruction.

Section E Declaration and signature

I/we declare that:

- I/we have read and understand the Product Disclosure Statement (PDS), Product Guide (PG) or Information Memorandum (IM) and acknowledge that this withdrawal request is subject to the terms and conditions in the PDS, PG or IM
- All details provided in this Withdrawal Form are true and correct and I/we undertake to inform you of any changes to the information provided as and when they occur
- If signing under a power of attorney, the attorney declares that he/she has not received revocation of the power of attorney
- I/we may be required to provide additional proof of identification information for the purposes of AML/CTF Laws

Signature 1

Name

Signature

Date

Signature 2*

Name

Signature

Date

**If more signatures are required to operate this account, please include on a separate piece of paper*

Link Market Services Limited, as the registry provider to the fund, may contact the account holder to confirm the validity of the withdrawal request.

Please send the completed Withdrawal Form via email, fax or mail to the details below:

Mail	Link Funds Solutions PO Box 3721 Rhodes NSW 2138 Australia
Email	agpunlisted@linkmarketservices.com.au
Fax	02 9287 0311

For further information, please contact AGP Investment Management Limited on 1300 052 054.