WITHDRAWAL FORM

INVESTMENT DETAILS

Fund Name:	Woodbridge Private Credit Fund
Investor Number:	
Investor Name:	
Contact Number:	

WITHDRAWAL DETAILS

Units		Dollars		All Units
	OR		OR	

PAYMENT DETAILS

☐ Pay to the nominated bank account on file ☐ Pay to new bank account (please provide details below)

Account Name:	
BSB Number:	
Account Number:	
Name of Financial Institution:	

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 include a certified copy of the power of attorney, if it has not been previously provided, to Apex Fund Services Pty Ltd.

Signature 1	Signature 2
Name:	Name:
Title:	Title:
Signature:	Signature:
Date:	Date:

Please return completed forms to Apex Fund Services via mail, fax or email.

Email: registry@apexgroup.com
Fax: +61 9251 3525

Mail: Apex Fund Services - Unit Registry
GPO Box 4968, Sydney NSW 2001

If you require further assistance, please do not hesitate to contact Apex Fund Services on 1300 133 451 or via email registry@apexgroup.com