

Withdrawal Form Cash Management Trust

Ord Minnett Management Limited AFS Licence 237123 ABN 55 002 262 240

ASSET MANAGEMENT

Please ensure that:

1. This Withdrawal form must be signed by the authorised signator(ies) to the account.
2. On full Withdrawal, accrued income for the account will be paid.
3. If signed under Power of Attorney, the attorney hereby certifies that he/she is authorised under that power to execute this document and that he/she has not received notice of revocation of that power.

Office use only	
TC:	<input type="checkbox"/> yes <input type="checkbox"/> No
Time of Call:	<input type="text"/>
Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Investor Number <input type="text"/>	Investor Name <input type="text"/>	Telephone Number <input type="text"/>
<input type="checkbox"/> Full Withdrawal or	<input type="checkbox"/> Partial Withdrawal	

Payment Option

1. Credit Funds to Australian Bank Account

Name of Bank	BSB	A/C number	Amount
A. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Bank Account Name <input type="text"/>			
Lodgement Reference (maximum 18 characters) <input type="text"/>			Relationship to Investor (if third party) <input type="text"/>

Name of Bank	BSB	A/C number	Amount
B. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Bank Account Name <input type="text"/>			
Lodgement Reference (maximum 18 characters) <input type="text"/>			Relationship to Investor (if third party) <input type="text"/>

2. Cheque(s) in Favour of:

	Amount
A. <input type="text"/>	\$ <input type="text"/>
B. <input type="text"/>	\$ <input type="text"/>
Delivery Instructions <input type="text"/>	

3. Transfer of Funds to Client Account

	Account Number	Amount
<input type="checkbox"/> OML Equity Account <input type="checkbox"/> Margin Lending	<input type="text"/>	\$ <input type="text"/>

4. Internal Transfer

CMT A/C Number	Amount
<input type="text"/>	\$ <input type="text"/>

Total Amount \$

Signed (All account holders must sign this form)

Investor 1 or director / sole director*	Investor 2 or director / company secretary	Authorised representative / instructing dealer
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Print Name <input type="text"/>	Print Name <input type="text"/>	Print Name <input type="text"/>
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

* Please circle if sole director

The Ord Minnett Management Limited Cash Management Trust Product Disclosure Statement (PDS) gives information about redeeming units in the Ord Minnett Management Limited Cash Management Trust. The current PDS is available at www.ords.com.au.

Please insert this form and send to (no stamp required):

Ord Minnett Cash Management Trust
Reply Paid 2613
Sydney NSW 2000

OR post to:

Ord Minnett Cash Management Trust
Level 8
255 George Street
Sydney NSW 2001

OR contact our Service Centre on 1800 700 713