



Application for Withdrawal from the Fund

To: Churches of Christ Property Trust [ABN 73 068 989 953] (the "Trust") as the controlling entity of the Fresh Hope Investment Fund (the "Fund").

Please send this completed Application, plus any additional documents to:

The Churches of Christ Property Trust at:

Level 1, 3 Rider Blvd
RHODES NSW 2138

or

PO Box 3561
RHODES NSW 2138

or email to: reception@freshhope.org.au

WITHDRAWAL

The Applicant(s) named below hereby applies (apply) to withdraw from the Fund:

- (a) all of the amount invested with the Fund (including all of the accrued interest) [ ] ; or
(b) the sum of \$..... (please specify the amount). [ ]

➤ Complete (a) or (b) and mark appropriate box.

Note:

- (i) The amount being withdrawn must not result in the balance remaining in the Fund on behalf of the Applicant being less than \$5,000 and, if the application is to withdraw an amount which would result in less than \$5,000 remaining, this Application will be deemed to be an application to withdraw the whole of the balance in the Fund on behalf of the Applicant.
(ii) where the Applicant (or any Applicant) is an individual person, Section 1 below must be completed;
(iii) where the Applicant is other than an individual person, Section 2 below must be completed; and
(iv) a notice period of 31 days applies to withdrawal amounts of less than \$500,000 and a longer notice period applies to withdrawals of \$500,000 or greater.

SECTION 1 [for completion by individual person(s)]

Individual Person(s)

Names of Applicant(s):

(1) Title ..... Given Names ..... Surname ..... (Applicant 1)

(2) Title ..... Given Names ..... Surname ..... (Applicant 2)

("Applicant")

Fund Investment Reference Number .....(please complete)



**Application for Withdrawal from the Fund**

**SECTION 2 [for completion by an Applicant who is not an individual person]**

**Entity**

**Name of Applicant:**

(1) Name of Entity .....

(2) ABN: .....

("Applicant")

**Investment Reference No** ..... (please complete)

**DIRECTION AS TO PAYMENT OF WITHDRAWN AMOUNT**

**Please pay the amount being withdrawn as follows:**

- By cheque payable to the Applicant:
  - at the address of the Applicant(s) in the records of the Fund  ; or
  - at this address: .....  
.....  
..... Postcode: .....  ; or
- To the bank account of the Applicant shown below

Title of Account: .....

BSB: .....

Account Number: .....

➤ *Complete and mark as appropriate.*

***[If no direction is given the withdrawn amount will be paid by way of a cheque payable to the Applicant sent to the address of the Applicant(s) in the records of the Fund.]***



**Application for Withdrawal from the Fund**

**SIGNING OF APPLICATION**

➤ *Individual person(s) who completed Section 1 to sign and date below*

**Signature(s) of Applicant(s) who completed Section 1:**

(1) ..... Date: .....

(2) ..... Date: .....

➤ *An Applicant who is not an individual person who completed Section 2 to sign and date below.*

**Signatures on behalf of an Applicant who is not an individual person who completed Section 2:**

Signed for and on behalf of the Applicant.

**The two (2) persons signing this Application, by signing each warrant they are authorised to do so on behalf of the Applicant:**

(1) Signature: .....

Print Name.....

State Office held with Applicant: ..... Date: .....

(2) Signature: .....

Print Name.....

State Office held with Applicant: ..... Date: .....