



Withdrawal Form

Investment Details

Fund Name:

Class:

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:

Please attach a copy of your bank statement so that we can verify the details provided above.

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.

Signature 1

Name:

Title:

Signature:

Date:

Signature 2

Name:

Title:

Signature:

Date:

Please return completed forms to

Wilson Asset Management Leaders Fund Registry
Boardroom Pty Limited
Unitholder Services
GPO Box 3993
Sydney NSW 2001

T 1300 420 372 (in Australia)
T +61 2 8023 5472 (International)
OR wilsonamunlisted@boardroomlimited.com.au