



# Withdrawal Request Form

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## Paragon Australian Long Short Fund

ARSN 161 565 920

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Please refer to the current PDS available from our website at [www.paragonfunds.com.au](http://www.paragonfunds.com.au) for details regarding withdrawals before completing this form.

Unless otherwise specified, terms defined in the current PDS have the same meaning in this Withdrawal Request Form.

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# WITHDRAWAL REQUEST FORM

Investor Name

Investor Number

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## FULL OR PARTIAL WITHDRAWAL

Please indicate if you would like to withdraw the total amount of your investment or a partial amount:

In accordance with the current PDS, the minimum withdrawal is \$10,000 and is subject to maintaining a minimum balance of \$25,000.

Full withdrawal       Partial withdrawal (please state amount or units to be withdrawn)

OR

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## CONTACT DETAILS

Contact Name

Contact Number

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## PAYMENT OF PROCEEDS

**IMPORTANT INFORMATION:** Additional security checks to verify bank account details will be performed before the payment of your withdrawal proceeds, if the bank account provided does not match the bank account that is currently recorded in our records under your investment or if you have changed your bank account details.

Pay into the account previously advised       Pay withdrawal proceeds into the following account:

Bank:

Account Name:

BSB:

Account Number:

If you are an overseas investor and would like your withdrawal proceeds to be paid into a bank account outside Australia, please provide the following additional details:

Beneficiary Bank Address

  
  

National Beneficiary Bank Clearing Code (if applicable)

Beneficiary Bank SWIFT Code

Intermediary Bank details (if applicable)

# WITHDRAWAL REQUEST FORM

## DECLARATION AND AUTHORISATION

In signing, I/we authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that Paragon Funds Management Ltd will affect it according to the terms and conditions of the current PDS:

Signature

1.

Full Name (block letters please)

Date (dd/mm/yy)

Individual Investor  Trustee  Director

Signature

2.

Full Name (block letters please)

Date (dd/mm/yy)

Individual Investor  Trustee  Director

Please note it's up to the investor to ensure the Administrator has been notified of authorised signatories on this account. Where the signature cannot be matched to the Initial Investment Application Form or signatory list provided there maybe delays in processing this request.

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### Post this completed form to:

**Link Fund Solutions** - Unitholder Services  
Att: Paragon Australian Long Short Fund  
GPO Box 5482, Sydney NSW 2001

Alternatively you can Fax this form to: (02) 9221 1194  
or scan and email this request to: LFS\_Registry@linkgroup.com