



This withdrawal form applies to my/our:

	WealthFocus Investment Funds		Barrow Hanley Global Share Fund – Class A
	Perpetual Investment Funds		Barrow Hanley Global Share Fund – Class A (Hedged)
	Pure Series Funds		Barrow Hanley Emerging Markets Fund
	Wholesale International Share Fund		Perpetual Specialist Series Funds

[illegible]

Please see our website for any updated information.

please withdraw:

☐ my total investments and close my account (go to section 3), or

☐ only part of my total investments as detailed below

Please make my withdrawal from the following Funds:

[illegible]

3. Payment instruction

Direct credit to the account detailed below.

[illegible]

If you are updating or providing new bank details, you will need to provide a copy of your bank statement for verification purposes.

4. Investor's signature(s) (must be completed)

- Please sign this form where indicated below. This form must be signed as per the current signing instructions we have on record. If no amendments have been made, the current signatories for the account are the individuals who signed the initial investment application form.
- If signed under power of attorney, the attorney certifies that he or she has not received notice of revocation of the power of attorney. Please include the power of attorney (or a certified copy) with this form if it has not previously been provided to Perpetual.
- For information, please call **1800 022 033** during business hours (Sydney time), visit **www.perpetual.com.au** or email PerpetualUTqueries@cm.mprms.mufg.com

Customer identification requirements

The information requested is required to meet our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. **We cannot process your withdrawal without this information.** You do not need to provide this information if you have previously provided certified identification to us and it has not expired.

Signature of investor 1 or company officer

print name

capacity (company investments only. If you are not a sole director, two signatories are required)

sole directordirectorsecretary

date

D

D

/

M

M

/

Y

Y

Y

Y

Signature of investor 2 or company officer

print name

capacity (company investments only. If you are not a sole director, two signatories are required)

director secretary

date

Please send the completed form to:

**Perpetual Investments Unit Registry
Locked Bag 5038
Parramatta NSW 2124**

or email:

PerpetualUTInstructions@cm.mpms.mufg.com

Identity documentation

Please provide a document from Part I. If you do not have a document from Part I, please provide the documents listed in Part II OR Part III.

- **If you are withdrawing directly with us** – You will need to provide a certified copy of the document(s) with your withdrawal.
- **If you are lodging this withdrawal through a financial adviser** – You may provide a certified copy with your withdrawal OR have your adviser sight an original or certified copy of your document(s) and complete the 'Record of verification procedure' section in this form.

PART I – Primary ID documents

Provide ONE of the following:

- ☐ current Australian State/Territory driver's licence containing your photograph
- ☐ Australian passport (current or a passport that has expired within the preceding 2 years is acceptable)
- ☐ current card issued under a State or Territory law for the purpose of proving a person's age containing your photograph
- ☐ current foreign passport or similar travel document containing your photograph and signature

OR

PART II – should only be completed if you do not own a document from Part I

Provide ONE of the following:

- ☐ Australian birth certificate
- ☐ Australian citizenship certificate
- ☐ concession card such as a pension, health care or seniors health card issued by the Department of Human Services (excludes Medicare cards)

AND provide ONE valid document from the following:

- ☐ a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and contains your name and residential address
- ☐ a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to the individual), which contains your name and residential address.
- ☐ a document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to your address or to you (the document must contain your name and residential address)

OR

PART III – should only be completed if you do not own document(s) from Part I OR Part II

BOTH documents from this section must be provided

- ☐ foreign driver's licence that contains a photograph of you and your date of birth
- ☐ national ID card issued by a foreign government containing your photograph and your signature

Any documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

How to certify your documents

In accordance with the AML Rules, a certified copy means a document that has been certified as a true and correct copy of an original document by a person listed below, including all persons described in the Statutory Declarations Regulations 2018 (Cth). To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'

- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- A notary public, patent or trade marks attorney
- An Australian medical practitioner including dentist, nurse, midwife, optometrist, pharmacist, physiotherapist, chiropractor, psychologist, occupational therapist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- An Australian federal, state or territory police officer
- An architect
- A teacher employed on a full-time basis at an Australian school or tertiary education institution
- An accountant who is a full member of the Chartered Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- A registered migration agent
- An officer or authorised representative of an Australian Financial Services Licence holder with a minimum of 2 years continuous service with one or more licensees
- A financial adviser or financial planner
- A person in a country other than Australia who is authorised by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing this authority when certifying the document)

IMPORTANT: Please ensure that you have either

- enclosed certified copies of your identity documents OR
- agreed that your financial adviser will complete the 'Record of verification procedure' below.

Record of verification procedure (Financial adviser use only)

This section is to be used by financial advisers when a record of verification is provided, rather than certified copies of identity documentation.

ID document details	Document 1	Document 2
verified from	☐ original ☐ certified copy	☐ original ☐ certified copy
document name/type		
document issuer		
issue date		
expiry date		
document number		
accredited English translation	☐ N/A ☐ sighted	☐ N/A ☐ sighted

By completing and signing this record of verification procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF rules, in the capacity of an AFSL holder or their authorised representative and
- the information provided in relation to the residency status for tax purposes is reasonable considering the identity documentation provided.

AFS licensee name		AFSL number	
representative/employee name		phone number	
signature		date verification completed	/ /