HARDSHIP WITHDRAWAL REQUEST



EQUITITRUST CAPITAL

1. Investor/s Details

First Name/s	Surname	
First Name/s	Surname	
Company / Trust Name (If applicable)		
Client Number	Investment Number	

2. Withdrawal Amount

Please note that all withdrawals from the Fund are currently suspended.

I request withdrawal of my total investment Please tick if relevant.

Alternatively please complete the amount of Units requested:

Units	Maturity Date
requested	(if Applicable)

3. Reason for Withdrawal Request & Supporting Documentation

Requests for withdrawals on the grounds of financial hardship are reviewed in accordance with specific criteria defined by the Australian Securities and Investment Commission (ASIC), and are also subject to the Fund having sufficient liquidity to process your request. We do not guarantee that any application for a hardship withdrawal request will result in you receiving some, or all, of the requested amount.

Please find attached an overview of the ASIC criteria for your reference.

Please provide as much information as possible, together with relevant supporting documentation, to allow us to adequately assess your withdrawal request in accordance with the criteria. If you are applying to pay for medical costs, please supply certified statements from two registered medical practitioners.

4. Payment Instructions

Funds will be remitted to the bank account we currently hold on file.

Please complete the following section if you wish to nominate an alternate bank account for this withdrawal.

Financial Institution:	BSB: /
Account	Account
Name:	Number:

5. Investor's Declaration

I/we declare that I/we have no other readily accessible source of funds, income, or assets that could reasonably be used to cover my/our needs

6. 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 for your investments.

- If you have not made any amendments, the current signatory/s 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 a certified copy of the Power of Attorney document with this form, if it has not previously been provided to Equititrust.

Signature of Investor No. 1 or company officer	×	Date	
Signature of Investor No. 2 or company officer	×	Date	

7. Submitting the Form

By Post:
ECG Administration
Reply Paid 8111
GOLD COAST MC QLD 9726

By Email: info@equititrust.com.au **By Fax:** + (61 7) 5527 5900

Office Use Only	Equititrust Limited AFSL No. 230 471 ARSN 089 079 854	
Signature checked against PDS / POA	Approved	Date://
I15 Investment No	Authorised	Date://

HARDSHIP WITHDRAWAL PROVISIONS for the EQUITITRUST INCOME FUND per Australian Securities & Investment Commission (ASIC) Relief Instrument 09-00747 to Equititrust Limited (ABN 74 061 383 944, AFSL 230 471) dated 21 September 2009.

Extract:

Whereby the Responsible Entity is satisfied that:

- a. the investor has experienced hardship or is likely to experience hardship if the member is not allowed to withdraw; or
- b. the beneficiary of the estate of the member has experienced hardship or is likely to experience hardship if the member is not allowed to withdraw; or

The Responsible Entity must not allow a hardship withdrawal unless the responsible entity is satisfied that:

- i. any amount paid would not exceed the specific amount (of) the subject of a hardship withdrawal request in respect of the hardship of the member, instructor or beneficiary; and
- ii. the withdrawal amount will not exceed the member's hardship withdrawal cap amount (maximum 4 withdrawals per calendar year, up to maximum \$100,000 per calendar year).

Whereby a decision by the Responsible Entity to allow withdrawal on hardship grounds is based on the following criteria

- 1. Where the amount requested is needed to enable the person to meet *reasonable* and *immediate* living expenses for themselves and/or their dependents; or
- Where the person has not been in gainful employment for a period of at least 3 months and has no other means of financial support (except government assistance, such as unemployment benefits); or
- 3. Where the amount requested is needed by the person (and/or the person's dependant)
 - a. To help pay for medical costs (and transport costs) required to treat a life- threatening illness or injury, to alleviate acute or chronic pain, or to alleviate an acute or chronic mental disturbance where 2 registered medical practitioners (at least one of whom must be a specialist) have provided certified statements confirming the medical condition to this effect); or
 - b. To fund specific modification (to the principal place of residence or vehicle) that are necessary to accommodate special needs arising from a severe disability; or
 - c. To assist with funeral and other expenses related to the death of the person or the person's dependants; or
 - d. To enable the person to provide care for another person who is dying from a terminal illness, including home care; or
 - e. To meet a binding financial obligation entered into by the person prior to the responsible entity determining that withdrawals should be suspended; or
 - f. To meet expenses in other cases consistent with grounds mentioned in paragraphs a-e above;

And

4. Where the person does not otherwise have the financial capacity to meet the expense.