



Managed fund redemption instruction

Please use blue or black pen and write in BLOCK LETTERS

Send to: NAB Equity Lending or fax to: 1300 739 923
PO Box 5350
Melbourne Vic 3001 or email to: equity.lending@nab.com.au

Attention
NAB Equity Lending contact name

Facility details

Client/Guarantor name _____ Facility number _____

Redemption instruction(s)

I/We request National Australia Bank Limited and NMS Nominees Pty Ltd to redeem my/our units in the managed fund(s) detailed below.
I/We acknowledge that this request to redeem units may be rejected if redeeming the units will place my/our Facility in a margin call or buffer position.

APIR code	Name of managed fund	Number of units [^] for redemption	Value (\$) of units for redemption

Please apply the proceeds of this redemption to:

- My/our NAB Equity Lending Facility
- My/our bank account (please provide bank account details below)

Details of account to be credited

Name of account _____ BSB number _____ Account number _____

Applicant signatures

I/We consent to companies of the National Australia Bank Group using and disclosing my/our personal information as contemplated in the section titled 'Your personal information and privacy' in the NAB Equity Lending Facility Terms.

I/we acknowledge that National Margin Services Pty Ltd ('NMS') and NMS Nominees ('Nominees') are wholly owned subsidiaries of National Australia Bank Limited (NAB). NMS and Nominees are not Authorised Deposit Taking Institutions and their obligations do not represent deposits or other liabilities of NAB. NAB does not guarantee the obligations or performance of NMS or Nominees or the products or services these subsidiaries offer.

I/we acknowledge that I/we have not been given or relied upon any financial advice or recommendation about the Facility (including any specific stock or managed fund investment) from NAB Equity Lending, a division of National Australia Bank Limited.

NAB recommends that you seek independent legal, tax and financial advice on the suitability of the Facility (including a product if relevant) for you.

Individual/Joint

Signature – first applicant

X _____

Full name _____

Date _____ / _____ / _____

Contact number _____

Signature – second applicant

X _____

Full name _____

Date _____ / _____ / _____

Contact number _____

Company applicant*

Executed by

Name of company and ABN

in accordance with subsection 127 (1) of the Corporations Act by authority of its director(s).

Signature of authorised person

X

Full name

Office held (Director/Secretary)

Date

/ /

Contact number

Signature of authorised person

X

Full name

Office held (Director/Secretary)

Date

/ /

Contact number

* If the company applicant is a proprietary company with a sole director who is also the sole company secretary, that person states that they sign as both the sole director and the sole company secretary. In all other cases, this application should be signed by two directors or a director and company secretary.