

Pathfinder.

Managed Fund W	thdrawal Request	
Account details		
Name	Unit	holder Number: PAM
Postal Address		
Town/City	Country	Postcode
Withdrawal details		
Withdrawal amount	Name of the fund	
\$		
\$		
\$		
\$		
\$		
Bank account details		
	•	nated when you first invested. If your bank account s, please complete the section below.
		ne same name as your Pathfinder Investment unable to make withdrawal payments to third-party
Proof of account is required	if you have not previously done so, or	the account has changed.
Account Name	Bank	Name
Branch Namo	Account Number	

Bank

Branch

Account Number

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Suffix



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Investor Name	Investor Signature	Date
Investor Name	Investor Signature	Date
Investor Name	Investor Signature	Date
Investor Name	Investor Signature	Date

Disclaimer: By typing your name above you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature and confirm the information stated on this form is correct.

Notes: Pathfinder may request more information in order to process your application, for example your certified ID or proof of address, for the purpose of AML/CFT Act 2009.

Where do I send my application to?

Email return:

Please scan this application and email it to us at apply@pathfinder.kiwi or

Postal return:

Please send this application to: Pathfinder Asset Management, PO Box 2673, Auckland 1140.

If you have any questions, please contact 0800 FTHICAL (384 4225)

Please allow three business days for this application to be processed.