

WITHDRAWAL FORM

THE TRUST COMPANY (RE SERVICES) LIMITED ABN 45 003 278 831
CELESTE AUSTRALIAN SMALL COMPANIES FUND ARSN 093 539 416

This Form relates to a Product Disclosure Statement dated 13 December 2017 ("PDS") issued by The Trust Company (RE Services) Limited ABN 45 003 278 831, AFSL 235 150, for the offer of units in the Celeste Australian Small Companies Fund ("Fund"). Terms defined in the PDS have the same meaning in this Withdrawal Form.

Account/Investor Number	
Account/Investor Name	

1. REDEMPTIONS/WITHDRAWAL

Withdrawal Date (if applicable):	
Withdrawal Amount:	<input type="checkbox"/> In \$: <input type="checkbox"/> In Units:
Payment Method:	<input type="checkbox"/> Pay to the existing bank account currently on file <input type="checkbox"/> Pay to the bank account provided below (if you select this option you may be required to provide additional information to verify the new bank account details prior to payment)
Your Bank Account Details: Bank: Account Name: BSB: Account Number:	

2. DECLARATION

I/we declare and agree each of the following:

- I/we have read the current PDS and acknowledge this withdrawal request is subject to the terms and conditions set out in the current PDS.
- To the maximum extent permitted by law, I/we release, discharge and indemnify The Trust Company (RE Services) Limited ABN 45 003 278 831 from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of instructions given in this form.
- My/our details in this form is true and correct.

3. SIGNATURES

Investor Type	Who should sign
Individual	where the investment is in one name, the investor must sign
Joint investors	where the investment is in more than one name, all investors must sign
Company	two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
Trust	each trustee must sign or, if a corporate trustee, then as for a company
Partnership	each partner
Association or Registered co-operative	each office bearer
Government body	relevant principal officer/authorized signatory
Power of attorney	if signed by the unit holder's attorney, the power of attorney must have been previously provided. If not a certified copy of the power of attorney as well as a certified copy of the Power of Attorney's driver's license, passport or other photo identification which confirms the name, address and contains their signature must be attached to this form

Investor 1

Signature	Full Name	Date
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Tick capacity (mandatory for companies):

<input type="checkbox"/> Sole Director and Company Secretary	<input type="checkbox"/> Non-corporate trustee
<input type="checkbox"/> Director	<input type="checkbox"/> Partner
<input type="checkbox"/> Secretary	

Investor 2

Signature	Full Name	Date
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Tick capacity (mandatory for companies):

<input type="checkbox"/> Director	<input type="checkbox"/> Non-corporate trustee
<input type="checkbox"/> Secretary	<input type="checkbox"/> Partner

Please send your signed form to:

Link Fund Solutions Pty Limited, PO Box 5482, Sydney NSW 2001

Fax: 02 9221 1194

Email: LFS_registry@linkgroup.com