

Withdrawal Request Form

September 2021

State Street Active Funds

To make a partial or full withdrawal from your existing investment, **complete this Withdrawal Request Form in black ink using CAPITAL letters.**

If you have any questions on how to complete this form please call our State Street Client Services team on **1300 382 689**.

Please send your completed forms by post, fax or e-mail according to the details below.

Send by post: State Street Unit Registry
GPO Box 804
Melbourne VIC 3001
Australia

Fax forms to: 1300 286 587

Scan and email to: SSGA.transactions@unitregistry.com.au

The Responsible Entity for the State Street Funds is State Street Global Advisors, Australia Services Limited (SSGAASL), ABN 16 108 671 441.

1. Investor Details

Existing Investor Number

Investor Name(s)

2. Withdrawal Amount

There is no minimum withdrawal amount, however your remaining investment balance must be at least \$15,000 per fund unless you withdraw all of your investment. If your balance after withdrawal falls below the \$15,000 minimum per fund we will contact you as we will be unable to process your request. If requesting a full withdrawal, place a cross (X) in the full withdrawal box.

Fund Name	APIR Code/ISIN	Fund Code	Partial Withdrawal in Dollars (\$AUD)	OR Partial Withdrawal in Units	OR Full Withdrawal
State Street Australian Equity Fund	SST0048AU/ AU60SST00480	RBZZ			
State Street Floating Rate Fund	SST4725AU/ AU60SST47259	QSYA			
State Street Global Equity Fund	SST0050AU/ AU60SST00506	Q3AS			
Total			\$	Units	

3. Method of Payment

Redemption proceeds will be paid into your nominated bank account(s) below which must be in the name of the investor and with an Australian Authorised Deposit Taking Institution. If an investor is a trustee, the bank account name should include the name of the trustee. State Street does not issue cheques for distributions or withdrawal payments. Third party payments are not allowed. **Please note: If you nominate a bank account that differs from that on our file, your distribution bank account will also be updated. If a bank account is not provided below, we will make payments to the bank account you have previously provided.**

Electronic Funds Payment Details:

Australian Bank Name

Branch Name

Full Account Name

BSB

Account Number

**4. Declaration
and Signature**

By completing this Withdrawal Form, I/we confirm that:

- i. I/we have read and understood the provisions of the relevant Product Disclosure Statement(s), Target Market Determination, Information Booklet, Application Form and Constitution of the Fund(s);
- ii. If signing under a Power of Attorney, the attorney confirms that he or she has not received notice of revocation of the power of attorney.
- iii. I/we authorise SSGA ASL and the Unit Registry to act upon instructions by post, email, or facsimile (as applicable) with regard to any matter in connection with my/our investment in the fund(s) without liability in respect of any payment, transaction or any other act done in accordance with such instructions and notwithstanding the same was not signed or sent by me/us.

Signature of Investor(s) (Please provide full name)	Title (eg. Trustee/ Director/Secretary/ Individual/Power of Attorney)	Date
1. Signature Name		
2. Signature Name		

A company must execute by signature of a director and company secretary or two directors or in the case of a sole director company, by that director. If the form is completed under Power of Attorney, a certified copy of the power of attorney must have been previously provided to the registry. Where the investment is in more than one name, all investors must sign. All individual trustees of a trust must sign.