

Loomis Sayles Global Equity Fund Redemption Form

ISSUER: INVESTORS MUTUAL LIMITED ABN 14 078 030 752 AFSL 229988

USE THIS FORM TO MAKE A FULL OR PARTIAL WITHDRAWAL FROM THE LOOMIS SAYLES GLOBAL EQUITY FUND ("FUND"). PRIOR TO COMPLETING THIS FORM, PLEASE CONSIDER THE CURRENT PRODUCT DISCLOSURE STATEMENT AND INVESTMENT GUIDE, WHICH CAN BE FOUND AT WWW.LOOMISSAYLES.COM.AU

IF YOU HAVE QUESTIONS ABOUT COMPLETING THIS FORM PLEASE CONTACT LOOMIS SAYLES ON 1300 157 862.

1. Unit Holder Details

Account name (in full)

2. Redempton Instructions

Fund Name	Investment account number	Redemption Amount
Loomis Sayles Global Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Minimum redemption amount is \$5,000)
		\$ <input type="text"/>

3. Payment Details

Please pay the proceeds of this withdrawal via direct credit to:

The financial institution account details previously supplied for this account.

OR

The new financial institution account details listed below:

Bank

BSB

Account No.

<input type="text"/>	<input type="text"/>
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Account name

Withdrawals must be paid into the account of the investment holder and cannot be paid to a third party. We are unable to complete your request where there is a difference between the account name and the Investor(s) name. Please note, that if you are requesting the redemption to be paid to a financial institution account that is different to that currently recorded on your account we must receive this instruction in its original format by post.

4. Declaration

Signatures must match the signing authority on this account. If signed under a Power of Attorney, the attorney declares that he/she has not received any notice of revocation of that power or the death or mental incapacity of the Investor. A certified copy of the Power of Attorney must be submitted with this Form unless we have previously sighted it. If executed by a company, the Form must be executed in accordance with the company's constitution or the Corporations Act 2001 by an authorised officer or attorney who has not received notice of any revocation.

5. Signatures

Signature	Date
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>
Signature	Date
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

6. Contact Details

Name	<input type="text"/>	
Email	<input type="text"/>	
Phone	Date	
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	

7. Send Your Completed Instruction To:

Your Redemption request must be received and identified (and accepted by us) **before 4.00pm Sydney AEST** on a Business Day in Sydney, Australia to be processed with the unit price calculated for that day. The Fund's buy-sell spreads do apply. The Responsible Entity will not be responsible for any postal or service delivery delay or failure.

The information within this form is taken at face value. Any discrepancies within the instructions are only raised through usual processing.

Send your completed form to:

RBC Investor Services Trust
Registry Operations
GPO Box 4471
Sydney NSW 2001
Australia
Fax +61 2 8262 5492.