

AUTOMATIC WITHDRAWAL CANCELLATION FORM

DIRECTMONEY

PERSONAL LOAN FUND

Investor Account Number

Investor(s) - Full Name(s)

Registered Address

Mail the completed form to:
One Managed Investment Funds Limited
DirectMoney Personal Loan Fund
PO Box R1471
Royal Exchange NSW 1225

Cut off for receipt
The completed form must be received by the
Responsible Entity 5 business days before
the last day of the month.

In relation to the withdrawal requests contained in my/our Withdrawal Request Form lodged with the Responsible Entity, I/we instruct the Responsible Entity that the Automatic Withdrawal Requests are to cease. I/we acknowledge this instruction will not be accepted by the Responsible Entity if, at the date of receipt, the current balance of Units in my/our account is less than 5,000 Units. I/we acknowledge that I/we remain bound by the terms of the Fund's Constitution and PDS until my/our Units are fully withdrawn.

SIGN HERE - This section MUST be completed

Signature of Individual Investor/Director/Sole Director
and Sole Company Secretary

(please delete as applicable)

Full Name

Date

Signature of Joint Investor/Director/
Company Secretary

(please delete as applicable)

Full Name

Date