

Summit Funds postal address  
C/O EBS Operations Support,  
3rd Floor,  
Unit 33 Blackthorn Road,  
Sandyford,  
Dublin 18.

Telephone  
0818 654 323

Email  
info@mail.ebs.ie

## Summit Funds Encashment Form

Please tick the appropriate box: Is this a *Summit Investment Fund*?  **OR** Is this a *Summit Mutual Fund*?   
(Exit Tax is applied to the gains)

I/We request the realisation of Participation Shares in Summit Investment/Mutual Funds plc in accordance with details set out below and subject to the Memorandum and Articles of Association of the Company.

### Details of Shareholdings:

Investment Reference Number   
Do you require a Partial Encashment  Or Full Encashment   
If partial, what is the amount you require?

If your investment spans more than one Fund, we will encash Participating Shares on a proportionate basis unless you otherwise instruct us.

### Other Instructions:

### Additional Account Information

Source of Funds		Estimated Turnover of Account	
Salary / Social Welfare Payment	<input type="checkbox"/>	€ - €1,000	<input type="checkbox"/>
Pension	<input type="checkbox"/>	€1,001 - €5,000	<input type="checkbox"/>
Rental Income	<input type="checkbox"/>	€5,001 - €15,000	<input type="checkbox"/>
Savings / Investments	<input type="checkbox"/>	€15,001 - €25,000	<input type="checkbox"/>
Other (please specify) _____		€25,001 - €50,000	<input type="checkbox"/>
		€50,001 - €75,000	<input type="checkbox"/>
		€75,001 - €100,000	<input type="checkbox"/>
		> €100,001	<input type="checkbox"/>

**Important Information:** Please note all account holders must sign below.

### Investor(s) Signature(s) :

First Investor :  Date:   
Second Investor:  Date:   
Third Investor :  Date:   
Fourth Investor :  Date:

### Branch Comment:

### FOR OFFICE USE ONLY

Branch Stamp	Teller <input type="text"/>	Branch/Form <input type="text"/>
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INPUT BY:	SIGNATURE/S VERIFIED BY:	DAY 1 VERIFIED BY:	DAY 2 VERIFIED BY:	DAY 3 COMPLETED BY: