



Encashment Form

Please tick the appropriate box: Is this a *Summit Investment Fund*? **OR** Is this a *Summit Mutual Fund*?

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

<i>Source of Funds</i>		<i>Estimated Turnover of Account</i>	
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 (<i>please specify</i>) _____		€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 Branch/Form

<u>INPUT BY:</u>	<u>SIGNATURE/S VERIFIED BY:</u>	<u>DAY 1 VERIFIED BY:</u>	<u>DAY 2 VERIFIED BY:</u>	<u>DAY 3 COMPLETED BY:</u>