

## REDEMPTION REQUEST FORM

Please use this form if you are an existing investor and wish to make a redemption. Terms and conditions for redemptions are detailed in the Product Disclosure Statement (PDS)/Information Memorandum (IM) of the relevant Fund, a copy of which is available on the Fund Manager's/Responsible Entity's website.

Redemption requests received after the Fund's cut off time will be treated as being received on the following business day.

### INVESTOR DETAILS

Security Holder Reference Number (SRN) – 12 digits including the leading letter "I"

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Account Name: \_\_\_\_\_

### REDEMPTION DETAILS

FUND NAME	AMOUNT IN \$		UNITS		ENTIRE INVESTMENT
		OR		OR	<input type="checkbox"/>

If your withdrawal request would result in your investment balance being less than the Fund's minimum investment balance, we may treat your withdrawal request as being for your entire investment.

### PAYMENT DETAILS

Please pay the redemption proceeds to:

the bank account details on file      OR       the following new bank account details\*:

<b>Bank:</b>			
<b>Account Name:</b>			
<b>BSB No.:</b>		<b>Account No.:</b>	

\*Your bank account details on file will be updated accordingly for all future payments.

**Note: Proceeds cannot be transferred to third party bank accounts. The nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.**

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## AUTHORISATIONS

I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and any Additional Information to the PDS to which this request applies. Please ensure that this form is signed according to the authority assigned to the account.

Note: we may contact you to provide the ID(s) and/or the supporting documents required to validate your redemption request.

### Authorising Signatory 1.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name \_\_\_\_\_

Capacity: (e.g. director, trustee, POA) \_\_\_\_\_

### Authorising Signatory 2.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name \_\_\_\_\_

Capacity: (e.g. director, trustee, POA) \_\_\_\_\_

### Authorising Signatory 3.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name \_\_\_\_\_

Capacity: (e.g. director, trustee, POA) \_\_\_\_\_

### Authorising Signatory 4.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name \_\_\_\_\_

Capacity: (e.g. director, trustee, POA) \_\_\_\_\_

## RETURN FORM

Via Post: Fund Name: \_\_\_\_\_  
C/- Automic Group GPO Box 5193  
SYDNEY NSW 2001

Via Email: [nanuk@automicgroup.com.au](mailto:nanuk@automicgroup.com.au)