

REDEMPTION REQUEST

Fund Name:			
Class or Series:			
1. Investor Details			
Investor Name:			
Investor Number:			
Contact Details			
Contact name:		Contact phone:	
Contact email:			
2. Redemption Amount (please select one)			
Full Redemp	tion – please proceed to the next section	3	
Partial Rede	mption – please complete one of the follo	wing: Amount to redeem	\$AUD
		Units to redeem	UNIIS
3. Payment of Redemption Proceeds (please select one only)			
Pay into the account previously advised - please proceed to the next section 4			
Pay redemption proceeds into following account - please provide details below MPORTANT INFORMATION: Additional security checks to verify bank account changes will be performed before the payment of your redemption proceeds if the bank			
IMPORTANT INFORMATION: Additional security checks to verify bank account changes will be performed before the payment of your redemption proceeds if the bank account provided does not match bank account that is currently recorded in our records under your investment or if you have changed your bank account details.			
Bank			
Branch Name			
Branch Name BSB	Account	Number	
L	Account	Number	
BSB [Account	Number	
BSB Account Name 4. Authorisation I/we instruct Link Fund So provide to LFS will be colemailed to us if we contact	lutions (IFS) to effect this request in accordance with lected and handled in accordance with Link Fund So	the completed instructions set out above	e. I/we acknowledge that any personal information I/we can be found at www.linkfundsolutions.com or posted / westment I/we consent to my/our personal information
BSB Account Name 4. Authorisation I/we instruct Link Fund So provide to LFS will be colemailed to us if we contact	lutions (IFS) to effect this request in accordance with lected and handled in accordance with Link Fund So t IFS on (02) 8767 1114. By submitting this form or an	the completed instructions set out above	can be found at www.linkfundsolutions.com or posted /
Account Name 4. Authorisation I/we instruct Link Fund So provide to LFS will be colemailed to us if we contact being collected and handle	lutions (IFS) to effect this request in accordance with lected and handled in accordance with Link Fund So t IFS on (02) 8767 1114. By submitting this form or an	the completed instructions set out above dutions' privacy policy, a copy of which ny other paperwork relating to my/our in	can be found at www.linkfundsolutions.com or posted /
Account Name 4. Authorisation I/we instruct Link Fund So provide to IFS will be col emailed to us if we contact being collected and handle Signature	lutions (IFS) to effect this request in accordance with lected and handled in accordance with Link Fund So t IFS on (02) 8767 1114. By submitting this form or an	the completed instructions set out above obtained in the completed instructions set out above obtained in the complete of the	can be found at www.linkfundsolutions.com or posted /

5. Completed Form

Please return the completed form to:

- scan and fax this request to (02) 9221 1194 or
- Please post this completed form to:

Link Fund Solutions

Attention: Unitholder Services

Locked Bag 5038

Parramatta NSW 2124

If you have any questions about this form please contact us on (02) 8767 1114.