

**SECTION 6**  
**REDEMPTION REQUEST FORM**  
**Auscap Long Short Australian Equities Fund**  
**ARSN 615 542 213**

*Please complete in black or blue pen and use CAPITAL letters.*

**1. Investor Details**

**Investor Number**

**Investor Name**

**Contact Details**

Contact Name:

Contact phone:

Contact email:

REDEMPTION REQUEST FORM

**2. Redemption Amount (please select one)**

**Full Redemption** – please proceed to part 3

**Partial Redemption** – Amount to redeem **\$AUD**

OR

Units to redeem

**UNITS**

### 3. Payment of Redemption Proceeds *(please select one only)*

**Pay into the account previously advised** – please proceed to the next part 4

**Pay redemption proceeds into following account** – please provide details below

**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 the bank account that is currently recorded in our records under your investment, or if you have changed your bank account details.

**Bank**

**Branch Name**

**BSB**

**Account Number**

**Account Name**

### 4. Authorisation

I/we instruct Link Fund Solutions to effect the redemption in accordance with the completed instructions set out above.

<p><b>Signature</b> <i>Print to sign</i></p> <div style="border: 1px solid #ccc; width: 100%; height: 40px; background-color: #fff;"></div> <p style="text-align: center;"><b>Sign ▶</b></p> <p><b>Print Name</b></p> <p style="margin-left: 40px;">Individual Sole Director</p> <p><b>Title (select one)</b></p> <p style="margin-left: 40px;">Director Trustee Partner Other</p> <p><b>Date</b></p>	<p><b>Signature</b> <i>Print to sign</i></p> <div style="border: 1px solid #ccc; width: 100%; height: 40px; background-color: #fff;"></div> <p style="text-align: center;"><b>Sign ▶</b></p> <p><b>Print Name</b></p> <p style="margin-left: 40px;">Individual Sole Director</p> <p><b>Title (select one)</b></p> <p style="margin-left: 40px;">Director Trustee Partner Other</p> <p><b>Date</b></p>
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### 5. POST OR EMAIL THIS FORM

Please **post** this completed form to:

**Link Fund Solutions Pty Limited**  
**Unitholder Services**  
**Attention: Auscap Fund Unit Registry**  
**PO Box 3721**  
**Rhodes NSW 2138**

Alternatively you can **scan and email** this form to [Auscap@linkmarketservices.com.au](mailto:Auscap@linkmarketservices.com.au)