

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	<input style="width: 100%;" type="text"/>		
Branch Name	<input style="width: 100%;" type="text"/>		
BSB	<input style="width: 150px;" type="text"/>	Account Number	<input style="width: 200px;" type="text"/>
Account Name	<input style="width: 100%;" type="text"/>		

4. Authorisation

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

<p>Signature <i>Print to sign</i></p> <p style="text-align: center;"><input style="width: 100%;" type="text"/></p> <p style="text-align: center;">Sign ▶</p> <p>Print Name</p> <p style="text-align: center;"><input style="width: 100%;" type="text"/></p> <p>Title (select one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Sole Director <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Other <p>Date</p> <p style="text-align: center;"><input style="width: 100%;" type="text"/></p>	<p>Signature <i>Print to sign</i></p> <p style="text-align: center;"><input style="width: 100%;" type="text"/></p> <p style="text-align: center;">Sign ▶</p> <p>Print Name</p> <p style="text-align: center;"><input style="width: 100%;" type="text"/></p> <p>Title (select one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Sole Director <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Other <p>Date</p> <p style="text-align: center;"><input style="width: 100%;" type="text"/></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
Locked Bag 5038
Parramatta NSW 2124

Alternatively you can **scan and email** this form to Auscap@linkmarketservices.com.au