

**Ellerston Fund which investment is held – THIS MUST BE COMPLETED****Registered Account Name (in full)**  
**Registered Address**  
  
 Postcode **Telephone Number (Business hours)****Investor Number****REDEMPTION REQUEST FORM**

Please complete this form in blue ink using capital letters. A separate form should be complete for each holding.

**A****WITHDRAWAL INSTRUCTIONS**

Is this a full withdrawal?

Yes

No

If No, please state amount

\$

or

units

This amount must meet the minimum withdrawal amount and minimum remaining account balance (if applicable) as set out in the PDS.

**B****PAYMENT INSTRUCTIONS**

Please check your account details carefully. It is your responsibility to ensure all payee account details are correct. Incorrect details may result in a loss of funds and we do not guarantee their recovery. We do not accept liability for funds unable to be recovered. Please confirm the correct account details with the payee.

Pay to financial institution account on file?

Yes

No

If No, please complete details below.

**Name of Australian financial institution****Branch****Branch number (BSB)** - **Account Number****Account Name****Please note:** If your account number does not have 9 digits please do not add zeros at the beginning or end of your account number unnecessarily as it may result in an incorrect payment. You should write the account number exactly as it is shown on your passbook or bank statement.

I/We declare that:

- I/we have read and understand the current (and any Supplementary) PDS;
- all details provided in this Redemption Request Form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- If signing under power of attorney, the attorney declares that he/she has not received notice of revocation of that power; and
- I/we may be required to provide additional proof of identification information for the purposes of AML/CTF Law

**Signature of Individual / Director / Secretary / Sole Director**

(Please circle applicable title)

**Signature**

**Name:** (Please Print)

**Date**

**Signature of Individual / Director / Secretary**

(Please circle applicable title)

**Signature**

**Name:** (Please Print)

**Date**

**Signing Instructions:** This form should be signed by the unitholder. If a joint holding, all unitholders should sign unless indicated otherwise on your latest operating instructions. If signed by the unitholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the company's constitution and the *Corporations Act 2001* (Cth).

**Personal Information Collection Notification Statement:** Link Group advises that personal information it holds about you (including your name, address, date of birth and details of the financial assets) is collected by Link Group organisations to administer your records. Personal information is held on the public register in accordance with Chapter 2C of the *Corporations Act 2001*. Some or all of your personal information may be disclosed to contracted third parties, or related Link Group companies in Australia and overseas. Your information may also be disclosed to Australian government agencies, law enforcement agencies and regulators, or as required under other Australian law, contract, and court or tribunal order. For further details about our personal information handling practices, including how you may access and correct your personal information and raise privacy concerns, visit our website at [www.linkmarketservices.com.au](http://www.linkmarketservices.com.au) for a copy of the Link Group condensed privacy statement, or contact us by phone on +61 1800 502 355 (free call within Australia) 9am–5pm (Sydney time) Monday to Friday (excluding public holidays) to request a copy of our complete privacy policy.