

Ellerston JAADE Australian Private Assets Fund (Wholesale)



Withdrawal Request

Note: there may be a minimum for withdrawal amounts and/or balances held within the Fund. Please refer to the Information Memorandum (IM) for this information.

1. Investment Details

| | | | | | |
|---------------|--|-----------------|----------------------|-----------------|----------------------|
| Fund Manager: | Ellerston Capital Limited | | | | |
| Fund Name: | Ellerston JAADE Australian Private Assets Fund (Wholesale) | Unit Class: | <input type="text"/> | Contact Number: | <input type="text"/> |
| Account Name: | <input type="text"/> | Account Number: | <input type="text"/> | | |

2. Payment details

Amount of this redemption request \$ OR Units OR all of my holding

If there are insufficient funds available to satisfy all withdrawal requests, the Responsible Entity will scale back all valid withdrawal requests on a pro-rata basis. If there is a scale back, unit holders will only have part of their redemption request satisfied.

Note: Redemption proceeds will be paid via EFT to the nominated Bank Account on record.

If you wish to add or change your bank account details please complete the below and attach a recent bank statement verifying your updated details. Please note: updated Bank Account details must not be held in a third party name and will be subject to verification before redemption proceeds are paid.

| | | | |
|--------------------------------|----------------------|-----------------|----------------------|
| Name of Financial Institution: | <input type="text"/> | Branch Number: | <input type="text"/> |
| Account Name: | <input type="text"/> | Account Number: | <input type="text"/> |

3. Declaration & Signature

1. Please sign this form below. This form must be signed as per the current signing instructions that we have on record.
2. If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please mail a certified copy, if it has not been previously provided, to Mainstream Fund Services Pty Ltd.
3. By submitting this withdrawal request, I understand and acknowledge that I may not receive the full amount requested if the Fund has insufficient funds available.

Signature of Investor(s) or Company Officer(s):

Name:

Title: Date:

A certified copy of the Power of Attorney is being mailed to Mainstream Fund Services Pty Ltd to accompany this form: Yes No

4. Completed form to be sent to

ATTN: Unit Registry – Ellerston JAADE Australian Private Assets Fund (Wholesale)
GPO BOX 4968
Sydney NSW 2001

Email: ellerston@apexgroup.com (please enter name of the Fund and the investor on the email subject line).

Thank you for submitting your withdrawal request. Please note that the withdrawal offer is subject to the Fund having sufficient liquidity and there is no guarantee that your withdrawal request will be satisfied.