



Redemption Request Form

Bennelong Long Short Equity Fund

Please use capital letters and black ink to complete this form. Please mark boxes with an X.

Please contact Bennelong Funds Management Client Services on 1800 895 388 if you have any questions.

Investor details

Investor number

Investor name(s)

Company or trust name (if applicable)

Postal address

Suburb

State

Postcode

Country

Phone (H)

Phone (W)

Mobile

Facsimile

Email

Please send this form to Bennelong Funds Management Ltd care of our Administrator:

Post: Custom House Fund Services (Australia) Pty Ltd
PO Box A517, Sydney South NSW 1235

Tel: (02) 8988 5819

Fax: Attention: Custom House Fund Services (Australia) Pty Ltd
(02) 8988 5857

Email (where applicable): ssg.aus@customhousegroup.com

Our Administrator must receive your completed withdrawal instructions by 4.00 p.m. EST on a Business Day falling at least 28 days prior to a Dealing Day (generally the last Business Day of each calendar month). Units will be redeemed after close of business on a Dealing Day at the price applicable as at the close of business on that Dealing Day.

Redemption proceeds will be processed by the Administrator on behalf of the Trustee as soon as practicable after the Dealing Day but no later than 21 days after the Dealing Day. Please see the Bennelong Long Short Equity Fund Information Memorandum (IM) for more information about redemptions.

Trustee: Bennelong Funds Management Ltd (ABN 39 111 214 085) (AFSL 296806)

Effective date: 10 May 2018

Redemption instructions

Please provide the \$ amount or the number of units you would like to redeem. **Note, as outlined in the IM, redemption requests must be for a minimum of \$500,000.** If this request results in you holding less than the minimum investment amount, we may treat this request as being for all of your units. Alternatively, mark the appropriate box if you would like to redeem from the fund in full.

	Full redemption	Partial redemption	\$ Amount	No. of units
<input type="checkbox"/> Bennelong Long Short Equity Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Payment details

Please select from one of the three options outlined below. Where the direct credit option is chosen, we can only send redemption proceeds to an Australian financial institution account.

- 1. Direct credit** my current pre-nominated account; **OR**
- 2. Direct credit** the account nominated below; **OR**

The new bank account you nominate must be in your name or a company/trust name. The account must be Australian domiciled in Australian dollars and in the investor's name. If you are nominating a new bank account you must post this original signed form to us. You cannot fax or email or send a copy to us.

Bank/Institution

Address

Suburb

State

Postcode

Country

Account name

BSB number

Account number

- 3. Telegraphic transfer** to my bank account (non Australian-domiciled investors only)

Bank

Address

Suburb

State

Postcode

Country

Bank SWIFT

Account name

Account number

ABA number (if applicable)

Declaration and signatures

The investor or another person appropriately authorised to sign on the investor's behalf must sign this form. If this form is signed under a Power of Attorney, the attorney declares he/she has not received any notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this form unless we have previously sighted it). If this form is executed by a company, the form must be executed in accordance with the company's constitution and the Corporations Act 2001 (Commonwealth) and its amendments, or under the hand of an authorised officer or attorney who has not received notice of any revocation.

We cannot process redemptions until we have cleared application cheques and completed all necessary documentation.

This form must be signed by all authorised signatories.

- I/We hereby request to redeem the above amount or units from my account and to have the amount paid as specified.
- I/We declare that I/we have read, understood and agreed to the terms and conditions contained within the relevant Bennelong Funds Management IM and any related incorporated material to which this form applies.
- I/We declare all the details given in this form are correct and true.

Signature of investor 1 or company officer

Date

Print full name

Capacity

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Joint Investor | <input type="checkbox"/> Sole director |
| <input type="checkbox"/> Sole Trader | <input type="checkbox"/> Director |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Agent of the investor |

Signature of investor 2 or company officer

Date

Print full name

Capacity

- | | |
|---|--|
| <input type="checkbox"/> Joint Investor | <input type="checkbox"/> Director |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Company secretary |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Agent of the investor |

Company seal (if applicable)

Note: All information provided is in accordance with the Privacy Act 1988 and its amendments. Bennelong Funds Management's Privacy Policy is available on our website (bennelongfunds.com) or by contacting Client Services.