




Withdrawal request form

LCP Insurance Linked Securities Fund - AUD Class

This is an electronic form, so you can type directly into the provided boxes. If you prefer to handwrite your information, please use capital letters and black or blue ink, and mark boxes with an X. If you make an error, initial the change. Do not use correction fluid.

 If you have any questions, contact Bennelong Funds Management **Client Experience** on **1800 895 388 (Australia)** or **0800 442 304 (New Zealand)** or email client.experience@bennelongfunds.com.

If you are providing new bank details, you must sign this form in wet ink (i.e. with an original signature, not scanned or photocopied) and send it back to us via post. You cannot email or fax it.

Once you have completed this form, please post, fax or email it to:



Bennelong Funds Management Ltd
C/- Citi Unit Registry Australia
GPO Box 764
Melbourne VIC 3001
Australia



Attention: Bennelong Funds
Management Ltd
C/- Citi Unit Registry Australia
(+61) 1300 989 813



Attention: Bennelong Funds
Management Ltd
client.experience@bennelongfunds.com

Note: completed withdrawal instructions must be received before 2.00 pm Melbourne time on the first or third Thursday of each month. If your completed withdrawal instructions are received after this time, you will generally receive the effective price of the next valuation date.

Your withdrawal proceeds will generally be available within 28 business days of us receiving your withdrawal instructions. We do not, however, guarantee this timeframe. Refer to the Fund's Product Disclosure Statement (PDS) for more information about withdrawals.

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/privacy) or by contacting Client Experience.

Investor details

Investor number

Account name

Company or trust name (if applicable)

Mobile

Phone (alternate)

Email

Withdrawal instructions

Select whether you wish to make a full or partial withdrawal from the selected Fund.

If partial, specify the dollar amount **OR** number of units you would like to withdraw. **As outlined in the Fund's Product Disclosure Statement, redemption requests must be for a minimum amount of \$400,000.** 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.

| Fund name | APIR Code | Withdrawal type | | Amount | No. of units | Min. withdrawal amount |
|--|-----------|--------------------------|--------------------------|-------------------------|----------------------|------------------------|
| | | Full | Partial | | | |
| LCP Insurance Linked Securities Fund - AUD Class | BFL9371AU | <input type="checkbox"/> | <input type="checkbox"/> | \$ <input type="text"/> | <input type="text"/> | \$400,000 |

Payment details

Select one of the options below. Note we can only send withdrawal proceeds to an Australian financial institution account.

Direct credit my current pre-nominated account; **OR**

Direct credit the **new** account nominated below

The bank account must be held in the investing entity's name, domiciled in Australia and denominated in Australian dollars.

If you are nominating a new bank account you must post this original signed form to us. You cannot fax or email it, or post a photocopy.

Australian financial institution/bank

BSB number

Account number

Account name

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 withdrawals until we have cleared application monies and completed all necessary documentation.

This form must be signed by all authorised signatories.

- I/We hereby request to withdraw 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 agree to the terms and conditions contained within the relevant LCP Insurance Linked Securities Fund - AUD Class Product Disclosure Statement and any related incorporated material to which this form applies.
- I/We declare all the details given in this form are correct and true.

Signatures

Note: all signatures must match the specimen signatures we have on file.

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"/> 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 |

Company seal (if applicable)