

## Section 6 REDEMPTION REQUEST FORM Auscap Ex-20 Australian Equities Fund

ARSN 671 901 821

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:			
2. Redemption Amount (please select of	one)		
Full Redemption – please proceed to part 3			
Partial Redemption – Amount to redeem \$AU			
OR			
Units to redeem			UNITS



Pay into the account previously advised – please proceed to the next part 4  Pay redemption proceeds into following account – please provide details below  MPORTANT INFORMATION: Additional security checks to verify bank account changes will be performed before the payment of your elemption proceeds if the bank account provided does not match the bank account that is currently recorded in our records under your elemption proceeds if you have changed your bank account details.  Tank  Tanch Name  SB  Account Number				
Pay redemption proceeds into following account – please provide details below  MPORTANT 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 westment, or if you have changed your bank account details.  ank  ranch Name  SEB  Account Number  Account Name  Signature  Print to sign  Signature  Print to sign  Signature  Print Name  Print Name  Print Name  Print Name  Individual  Sole Director  Title  Director  Trustee  Partner  Other  Other	3. Payment o	f Redemption Procee	eds (please select one	only)
Account Name  SB Account Number  Account Name  Account Name  Signature  Print Name  Print Name  Individual  Sole Director  Title  Director  (select one)  Individual  Sole Director  Trustee  Partner  Other  Other	Pay into the a	ccount previously advised –	please proceed to the next par	t 4
extemption proceeds if the bank account provided does not match the bank account that is currently recorded in our records under your versiment, or if you have changed your bank account details.  ank  ranch Name  SB	Pay redemption	on proceeds into following ac	ccount – please provide details	below
ranch Name  SB	redemption proceeds	if the bank account provided do	es not match the bank account th	
Account Name  Account Name  Account Name  Account Number  Account Name  Account Number  Accoun	Bank			
Account Name  We instruct Apex Fund Services to effect the redemption in accordance with the completed instructions set out above.  Signature  Print to sign  Sign >  Print Name  Print Name  Individual  Sole Director  Title (select one)  Trustee  Partner  Other  Other	Branch Name			
Authorisation  If we instruct Apex Fund Services to effect the redemption in accordance with the completed instructions set out above.    Signature	BSB		Account Number	
Ave instruct Apex Fund Services to effect the redemption in accordance with the completed instructions set out above.  Signature Print to sign Sign ▶  Print Name  Print Name  Print Name  Individual Sole Director Title (select one) Trustee Partner Other  Other	Account Name			
Ave instruct Apex Fund Services to effect the redemption in accordance with the completed instructions set out above.  Signature Print to sign Sign ▶  Print Name  Print Name  Print Name  Individual Sole Director Title (select one) Trustee Partner Other  Other				
Ave instruct Apex Fund Services to effect the redemption in accordance with the completed instructions set out above.  Signature Print to sign Sign ▶  Print Name  Print Name  Print Name  Individual Sole Director Title (select one) Trustee Partner Other  Other  Other				
Signature  Print to sign  Sign >  Print Name  Print Name  Print Name  Print Name  Individual  Sole Director  Title (select one)  Trustee  Partner  Other  Other	4. Authorisat	tion		
Print to sign Sign ▶  Print Name  Individual Sole Director Title Director Trustee Partner Other  Partner Other  Other	I/we instruct Apex I	Fund Services to effect the rec	demption in accordance with t	he completed instructions set out above.
Print to sign Sign ▶  Print Name  Individual Sole Director Title Director Trustee Partner Other  Partner Other  Other	Signature		Signature	
Print Name    Individual	Print to sign		Print to sig	
Individual Sole Director  Title (select one) Trustee Partner Other  Individual Sole Director Title Director Trustee Partner Other	Sign ►		Sign	2
Sole Director  Title Director (select one) Trustee Select one) Trustee Partner Other  Sole Director Title Director (select one) Trustee Partner Other Other	Print Name		Print Nam	e
Sole Director  Title Director (select one) Trustee Select one) Trustee Partner Other Sole Director Title Director (select one) Trustee Partner Other Other				
Title   Director   Title   Director   (select one)   Trustee   Partner   Partner   Other   Other		Individual		Individual
(select one) Trustee (select one) Trustee Partner Other Other		0 1 0' '		Sole Director
Other Other	Titlo	_	Titlo	Discretes
		Director		,, <del> </del>
Date Date		Director Trustee		e) Trustee
		Director Trustee Partner		Trustee Partner

## 5. POST OR EMAIL THIS FORM

Please  $\boldsymbol{post}$  this completed form to:

Apex Fund Services Pty Limited
Unitholder Services
Attention: Auscap Ex-20 Australian Equities Fund Unit Registry
GPO Box 4968
Sydney NSW 2000

Alternatively you can scan and email this form to registry@apexgroup.com.