## ARMINIUS CAPITAL ALPS FUND

## ARMINIUS CAPITAL ALPS FUND REDEMPTION FORM

TO BE COMPLETED BY INVESTOR AND ORIGINALS PROVIDED (SCANS MAY BE EMAILED FIRST) TO FUND ADMINISTRATION AT THE BELOW ADDRESS:

Apex Fund Services (Australia) Pty Ltd PO Box 189 Flinders Lane VIC 8009

INVESTOR CONTACT DETAILS

arminiusalps@apexfunds.com.au

Ph.(W): Ph. (M): Email:

| Client Account Name on Unit Holding Statements provided by Apex Fund Services: |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Contact Person:<br>Mr/Mrs/Miss/Ms/Other (please circle)                        |  |  |  |  |
| Given Name(s):   |  |  |  |  |
| Surname:   |  |  |  |  |
| Date of Birth:   |  |  |  |  |
| (day/month/year)   |  |  |  |  |

These funds (either dollar amount or unit amount) will be redeemed to the bank account that was nominated in the original application form in Section 8.5 "Nominated Account Details" that the client filled completed.

Should the client wish to clarify the details of that bank account that was nominated at time of initial investment if they are unable to locate their copy of the application form OR should the client wish the funds to be redeemed to a different bank account, please circle "yes" below:

YES

And then please contact Apex Fund Services by either email or in writing at:

Apex Fund Services (Australia) Pty Ltd PO Box 189 Flinders Lane VIC 8009

## arminiusalps@apexfunds.com.au

Certification of documents showing proof of ownership of new bank account details will be required should the client wish the redeemed funds to be sent to a bank account other than the original bank account details completed in the original application form.

| 2. | AMOUNT      | TO   | $\mathbf{BE}$ | REDEEMED   | (MIN.  |
|----|-------------|------|---------------|------------|--------|
|    | \$50,000 OR | EQU  | IVAI          | LENT UNITS | AS PER |
|    | INFORMA'    | ΓΙΟΝ | I ME          | MORANDUM)  | )      |

Kindly redeem (please complete one selection only):

| (i)  | A dollar amount of:            |  |  |
|------|--------------------------------|--|--|
|      | \$                             |  |  |
|      | OR                             |  |  |
| (ii) | The following number of units: |  |  |

Signed by Individual / Director

Signature

Full Name

Title (for Company):

Date: