



Ausbil Investment Management Limited

**Client Services contact details**

**Phone**

1800 287 245 or 02 9259 0200

**Email**

ausbil\_transactions@unitregistry.com.au

**Website**

www.ausbil.com.au

## Redemption Request

Use this form if you are an existing investor in one of the Ausbil Investment Management funds and wish to make a redemption.

Please complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

**1. Please ensure that you have completed the following:**

- written your investor number and investor details as it appears on your latest statements
- written which fund this instruction applies to (redemption details)
- written the amount in either Australian dollars or units if you are only making a partial redemption (redemption details)
- provided your bank account details (payment of proceeds)
- signed the form as per the 'Acknowledgements and signatures' in section 5.

**2. Send your documents to us.**

You can return your form by post, fax or email according to the details below:

Send by post: Ausbil Investment Management Limited  
GPO Box 804  
Melbourne VIC 3001

Fax to: 1300 072 387

Scan and email to: ausbil\_transactions@unitregistry.com.au

Please include your investor number in the subject line of your email.

Ausbil will not be able to process your redemption until we receive the correct documentation. This may affect the unit price applying to your investment.

## 1 Investor details

Investor number










Investor name

## 2 Redemption details

Please indicate if you are making a full redemption or a partial redemption.

If you are making a partial redemption, please specify the number of units or dollar amount you wish to redeem. The minimum redemption amount is \$5,000 per fund. Unless other specified, the minimum account balance is \$20,000 per fund.

FUND NAME	APIR CODE	WITHDRAWAL AMOUNT AUD\$	REDEMPTION OPTION (indicate preference with an X)	
			Full redemption	Partial redemption units
Ausbil Australian Active Equity Fund	AAP0103AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Balanced Fund	AAP0101AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Emerging Leaders Fund	AAP0104AU		<input type="checkbox"/>	<input type="checkbox"/>
Candriam Sustainable Global Equity Fund	AAP0001AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Geared Equity Fund	AAP0002AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil 130/30 Focus Fund (Wholesale)	AAP0008AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil MicroCap Fund	AAP0007AU		<input type="checkbox"/>	<input type="checkbox"/>
MacKay Shields Unconstrained Bond Fund	AAP0020AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Concentrated Equity Fund	AAP9227AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Active Sustainable Equity Fund	AAP3940AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Global Small Cal Fund	AAP8285AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Active Dividend Income Fund	AAP3656AU		<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

## 3 Payment of proceeds

Redemption will be paid to the bank account on file.

**Please note:** Ausbil can only pay redemption proceeds to the bank account held on file which has previously been submitted and accepted. If there are changes to your bank account held on file, Ausbil requires an original Change of Details Form with an original signature to be completed. Confirmation must be received that your bank account has been updated prior to acceptance of a redemption request.

## 4 Facsimile Indemnity

If you are instructing us via facsimile (including applications, withdrawal requests and switching requests) you acknowledge the following conditions:

- We will process your facsimile instructions if it has been received by us in full. We bear no responsibility for any loss or delay that may be incurred from a transmission not being received by us. A facsimile receipt confirmation from the sender's facsimile machine is not evidence that the facsimile has been received.

- We bear no responsibility for any fraudulently completed facsimile transactions and will not compensate you for any losses. For instance, you uphold the risk that a facsimile may be sent by someone who knows your account details.

This form must be signed by all authorised signatories (eg. For a joint account, both signatories must sign this form.)

By executing this Form I/we agree with, and represent and warrant to Ausbil that:

- I/we have legal power to sign this Form and complied with all applicable laws in doing so (including those relating to superannuation and tax);
- If the Form is signed by an attorney, the attorney declares that he/she has not received notice of revocation of appointment and has provided a certified copy of the Power of Attorney to Ausbil;
- I/we are not aware and have no reason to suspect that the redemption moneys or proceeds of investment in the fund(s) are derived from or will be used in connection with money laundering, terrorism financing or any other illegal activities;
- If requested, I/we will provide additional information and comply with all reasonable requests by Ausbil to enable it to comply with Anti Money Laundering and Counter-terrorism Financing legislation;
- That personal information about me/us may have been collected, used and disclosed in accordance with Ausbil's Privacy Policy including marketing purposes;
- I/we will promptly advise Ausbil if an event or circumstances occur which would cause these representations and warranties to be incorrect or misleading or if/we are in breach of any agreement or undertaking; and
- I/we indemnify Ausbil against any losses or liabilities incurred by it as a result of a breach by me/us of any agreement, representation or warranty.

I/we agree that the above agreements, representations, warranties are given on the date this Form is signed and repeated on each day thereafter until I/we cease to have an investment in the fund(s).

**By completing and signing this form, you**

- authorise us to act according with the instructions on this form
- acknowledge that the instructions on this form supersede all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

**Who needs to sign this form**

**Individual** – where the investment is in one name, the account holder must sign.

**Joint Holding** – where the investment is in more than one name, all of the account holders must sign.

**Companies** – where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** – the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** – if you have not already lodged the Power of Attorney with us, please attach an original certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and original Certified Identification Document of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

**Signature of investor 1, director or authorised signatory**

Please print full name

Date (DD/MM/YYYY)

 /  /    

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

**Signature of investor 2, director/company secretary or authorised signatory**

Please print full name

Date (DD/MM/YYYY)

 /  /    

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory