OPHIR OPPORTUNITIES FUND

Redemption Request Form

Investor Number

Investor Name

REDEMPTION AMOUNT		
Please indicate if you would like to withdraw	the total amount of your investment or a partial amoun	t.
Class or Series (if applicable) :		
Full withdrawal		
Partial withdrawal, please state amount or	r units to be withdrawn:	\$AUD
	OR	UNITS
CONTACT DETAILS		
Contact Name	Contact Number	
PAYMENT OF PROCEEDS		
Pay into the account previously advised	OR	
Pay redemption proceeds into following a	account:	
	curity checks to verify bank account changes will be pe not match bank account that is currently recorded in o	
Account Name:	Bank:	
BSB	Account Number	
DECLARATION AND AUTHORISAT	ION	
Please make sure you have completed the 'F	ull or Partial Withdrawal' section above.	
 In signing, I/we authorise that these in the Responsible Entity/Trustee will af 	nstructions be made on my/our behalf and acknowle fect it accordingly to the terms and conditions of th	edge that this form is provided on the basis that ne applicable current IM.
Signature	Name and title of Signatory (block letters please) Date
Signature	Name and title of Signatory (block letters please) Date

Please note it's up to the investor to ensure Automic have been notified of authorised signatories on this account. Where the signature cannot be matched to the initial application form or signatory list provided there maybe delays in processing of this request.

COMPLETED FORM

Please return the completed form by email to **ophir@automicgroup.com.au.** Redemption Forms should be received by 5pm (AEST) three (3) Business Days prior to the last calendar day of the month.

