

REDEMPTION REQUEST FORM

SAMUEL TERRY ABSOLUTE RETURN GROUP comprising

SAMUEL TERRY ABSOLUTE RETURN FUND ABN 25 726 649 409

SAMUEL TERRY ABSOLUTE RETURN ACTIVE FUND ABN 67 302 926 069

Redemption requests received by the last business day of the month will receive the unit price as at the end of that month. You may redeem up to 100% of your holding. If total net redemption requests for the Fund exceed the monthly cap of 2.5% of the Net Trust Value, redemptions will be met proportionally and any unpaid redemption balance can be redeemed the following month, subject to completion of a new redemption request form next month.

Investor Number

Investor Name

REDEMPTION AMOUNT

Please indicate if you would like to withdraw the total amount of your investment or a partial amount.

Class or Series (if applicable) :

☐ Full withdrawal

☐ Partial withdrawal, please state amount or units to be withdrawn: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 account:

IMPORTANT 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 bank account that is currently recorded in our records under your investment or if you have changed your bank account details.

Account Name:

Bank:

BSB:

Account Number:

DECLARATION AND AUTHORISATION

Please make sure you have completed the 'Full or Partial Withdrawal' section above.

- In signing, I/we authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that the Samuel Terry Asset Management Pty Ltd will effect it accordingly to the terms and conditions of the 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 MUFG Corporate Services have been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there may be delays in processing of this request.

EMAIL THIS FORM

Please return the completed form to:

EMAIL: samuelterry@cm.mpms.mufg.com