

REDEMPTION FORM

Apostle Dundas Global Equity Fund – Class C units

K2 Asset Management Ltd ABN 95 085 445 094, AFSL No: 244393 ("K2") Account/Investor Number Account/Investor Name 1. REDEMPTIONS **Redemption Amount:** Redemption Date (if applicable): ☐ in AUD \square in Units ☐ Full Redemption **Payment Method** ☐ Pay to the existing bank account currently on file ☐ Pay to the bank account provided below (if you select this option, we may need to contact you to verify the new bank account details prior to payment) Your Bank Account Details: Bank Account Name BSB Account Number

2. DECLARATION

I/we declare and agree each of the following:

I/we have read the current IM/PDS and acknowledge this redemption request is subject to the terms and conditions set out in the current IM/PDS.

To the maximum extent permitted by law, I/we release, discharge and indemnify K2 Asset Management Ltd ABN 95 085 445 094 from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of instructions given in this form.

My/our details in this form are true and correct.

3. SIGNATURES

Investor Type	Who Should Sign
Individual	Where the investment is in one name, the investor must sign
Joint Investors	Where the investment is in more than one name, all investors must sign
Company	Two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
Trust	Each trustee must sign or, if a corporate trustee, then as for a company
Power of Attorney	If signed by the unit holder's attorney, the power of attorney must have previously been provided. If not, a certified copy of the power of attorney as well as a certified copy of the power of attorney's driver's license, passport or other photo identification which confirms the name, address and contains their signature must be attached to this form

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Given Names	Surname		
Signature	Date		
Tick capacity (mandatory for companies):			
Sole Director and Company Secretary	Non-Corporate Trustee		
Director	Partner		
Secretary	Attorney		
Investor 2			
Given Names	Surname		
Signature	Date		
Tick capacity (mandatory for companies):			
Director	Non-Corporate Trustee		
Secretary	Partner		
550.566.1			

Fax or post the original signed Redemption Form and any required verification documents of the investor's identification document(s) (if relevant) to us at the following:

Fax:

+61 2 9323 6411

Post:

State Street Australia Limited Level 14, 420 George St Sydney NSW 2000