

REDEMPTION FORM

Apostle Diversified Global Credit Fund

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 ☐ 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, you may be required to provide additional information 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

Investor 1

Given Names

Surname

Signature

Date

Tick capacity (mandatory for companies):

Sole Director and Company Secretary

Director

Secretary

Non-Corporate Trustee

Partner

Attorney

Investor 2

Given Names

Surname

Signature

Date

Tick capacity (mandatory for companies):

Director

Secretary

Non-Corporate Trustee

Partner

Fax and 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