

Redemption Request



Please return completed form to:
C/- LINK Market Services Limited
Locked Bag 5038, Parramatta NSW 2124 or by fax to 1300 366 107

1. Investor information

Please use **BLOCK CAPITALS**

Investor number (if known)	Full account name
<input type="text"/>	<input type="text"/>

2. Contact details

Residential address (mandatory): PO Box is NOT acceptable	Postal address details (will be used for all account correspondence)
Street address <input type="text"/>	Street address <input type="text"/>
Suburb <input type="text"/>	Suburb <input type="text"/>
State <input type="text"/> Postcode <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
Country (if not Australia) <input type="text"/>	Country (if not Australia) <input type="text"/>
Contact details: Provide at least ONE contact telephone number	
Telephone (home) <input type="text"/>	
Telephone (work) <input type="text"/>	
Telephone (mobile) <input type="text"/>	
Email <input type="text"/>	
Facsimile <input type="text"/>	

3. Redemption information

Fund name	Select <input checked="" type="checkbox"/> one of the following redemption types
<input type="text"/>	<input type="checkbox"/> All units
<input type="text"/>	<input type="checkbox"/> Dollar value \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Number of units <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>

4. Nominated bank account details

Please specify your nominated Australian domiciled bank account for receiving your redemption proceeds from the Fund

Name of financial institution	BSB number
<input type="text"/>	<input type="text"/> - <input type="text"/>
Account name (3rd party payment is not acceptable)	Account number
<input type="text"/>	<input type="text"/>

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5. Signatures and roles

Signature – Investor 1 <input type="text"/> Title (mandatory*) (Individual Investor/Director/Secretary/Sole Director/ Trustee/Power of Attorney) <input type="text"/> Full name <input type="text"/> Date signed <input type="text"/>	Signature – Investor 2 <input type="text"/> Title (mandatory*) (Individual Investor/Director/Secretary/Sole Director/ Trustee/Power of Attorney) <input type="text"/> Full name <input type="text"/> Date signed <input type="text"/>
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Signing Instructions

- * **Individual investor:** 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. All subsequent instructions will require the signature of all joint investors.
- * **Corporate investor/Corporate trustee:** Must sign either: (a) under seal and signed by directors; or (b) by two directors or director and company secretary; or (c) by a sole director/sole secretary (where applicable). **Please state your name & role in the company beneath your signature (e.g. Director, Secretary, Sole Director).**
- * **Superannuation/Trust:** Each trustee must sign.
- * **Power of Attorney (POA):** If signed under a POA, the POA must have been previously noted by BlackRock. If not, an originally certified copy of the POA as well as an originally certified copy of the attorney's driver's licence, passport or other photo identification which confirms their name, address and contains their signature must be attached to this form. The attorney certifies that they have not received notice of revocation of that power.
- * **Signatory List:** Please provide a signatory list (if applicable).

Company Seal

Please provide certified proof of your identify and signature with your request to enable us to verify your identity as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.