REDEMPTION REQUEST

Name of Fund			
Investor reference number			
Investor name			
OLIVIAID			
Please indicate if you would	like to withdraw the total amo	ount of your investment or a partial amount	t:
Full withdrawal			
Partial withdrawal. An	nount or units to be withdrawr	n \$, or	-
		Units	5
Dealing date for redemption			
CONTACT DETAILS			
Contact name			
Contact phone			
Contact email			
PAYMENT OF PROCEEDS			
	· ·	o the account provided in your initial OLIVIA ease contact the Fund Administrator.	А
DECLARATION AND AUTHOR	RISATION		
completed instructions set o	•	nption request in accordance with the the the Trustee/Responsible Entity will affect ffer documents.	it
I/We acknowledge that the p	proceeds will be deposited into	my nominated bank account.	
Signature 1	Signature 2	Signature 3	
Name	Name	Name	
Date	Date	Date	•••••

SEND SIGNED FORM TO FUND ADMINISTRATOR

Print this form and have all parties sign.

Upload the signed form and send to the Fund Administrator via OLIVIA123's messaging system.