

# REDEMPTION REQUEST FORM

**Post:**

[Fund Name]  
C/- RBC Investor Services Trust – Registry Operations  
GPO Box 4471  
SYDNEY NSW 2001

**Fax:**

[Fund Name]  
C/- RBC Investor Services Trust – Registry Operations  
+612 8262 5492

**Note:** Redemption requests received prior to 12:00pm Sydney time (on a Sydney business day) are deemed to be received that day. Requests received after 12:00pm Sydney time are deemed to be received the next business day.

| Investor details   |              |    |                     |    |                          |
|--|--------------|----|---------------------|----|--------------------------|
| Account number _____   |              |    |                     |    |                          |
| Account name _____   |              |    |                     |    |                          |
| Fund Information   |              |    |                     |    |                          |
| Please accept this redemption request with respect to my/our investment in the below Fund(s):  |              |    |                     |    |                          |
| Fund Name  | Amount in \$ |    | Units               |    | Entire Investment        |
| Solaris Australian Equity Income Fund  |              | OR |                     | OR | <input type="checkbox"/> |
| Solaris Australian Equity Long Short Fund  |              | OR |                     | OR | <input type="checkbox"/> |
| Minimum withdrawal value is \$5,000 per Fund and minimum remaining balance is \$5,000 per Fund. If your withdrawal request would result in your investment balance being less than the Fund's minimum investment balance, we may treat your withdrawal request as being for your entire investment.  |              |    |                     |    |                          |
| Payment instructions   |              |    |                     |    |                          |
| Please credit my financial institution account using:  |              |    |                     |    |                          |
| <input type="checkbox"/> the details you hold in my records; OR  |              |    |                     |    |                          |
| <input type="checkbox"/> the following account details (if no account details are on record)* :  |              |    |                     |    |                          |
| Bank _____   |              |    |                     |    |                          |
| Account Name _____   |              |    |                     |    |                          |
| BSB No _____ Account No _____  |              |    |                     |    |                          |
| *For a change of account details, written instructions are required to be sent prior to your redemption request.   |              |    |                     |    |                          |
| <b>Note: Proceeds cannot be transferred to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.</b> |              |    |                     |    |                          |
| Authorisation  |              |    |                     |    |                          |
| I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and Additional Information to the PDS to which this request applies. <i>Please ensure that this form is signed according to the authority assigned to the account.</i>   |              |    |                     |    |                          |
| Signature _____  |              |    | Date ____/____/____ |    |                          |
| Full Name _____  |              |    |                     |    |                          |
| Capacity: (e.g. director, trustee) _____   |              |    |                     |    |                          |

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**Authorisation (continued)**

**Signature** \_\_\_\_\_  
Full Name \_\_\_\_\_  
Capacity: (e.g. director, trustee) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** \_\_\_\_\_  
Full Name \_\_\_\_\_  
Capacity: (e.g. director, trustee) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** \_\_\_\_\_  
Full Name \_\_\_\_\_  
Capacity: (e.g. director, trustee) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_