

REDEMPTION REQUEST FORM

Post:

Solaris Investment Management
 c/- Citi Unit Registry Australia
 GPO Box 764
 Melbourne VIC 3001

Fax:

[Fund Name] [Investor Name]
 c/- Citi Unit Registry Australia
 +61 1300 102 151

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

Investor number [eight-digit 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:

- the details you hold in my records; OR
- 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.

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'.

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. *Please ensure that this form is signed according to the authority assigned to the account.*

Signature _____

Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____

Authorisation (continued)

Signature _____

Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____

Signature _____

Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____

Signature _____

Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____