

## QVG LONG SHORT FUND – REDEMPTION FORM

This form should be used by existing unit holders provided your details have not changed.

### INVESTOR DETAILS

Investor Name	<input type="text"/>		
Investor Number	<input type="text"/>		
Contact Name	<input type="text"/>	Contact Number	<input type="text"/>
Contact Email	<input type="text"/>		

### REDEMPTION AMOUNT (PLEASE SELECT ONE)

<input type="checkbox"/> Full Redemption – please proceed to the next section 3		
<input type="checkbox"/> Partial Redemption – please complete one of the following:	Amount to redeem	<input type="text" value="A\$"/>
	Units to redeem	<input type="text" value="UNITS"/>

### PAYMENT OF REDEMPTION PROCEEDS (PLEASE SELECT ONE ONLY)

- ☐ Pay into the account previously advised – please proceed to the next section 4
- ☐ Pay redemption proceeds into the following account – please provide details below

**IMPORTANT INFORMATION:** Additional security checks to verify bank account changes will be performed before the payment of your redemption proceeds if the bank account provided does not match bank account that is currently recorded in our records under your investment or if you have changed your bank account details.

Bank	<input type="text"/>		
Branch Name	<input type="text"/>		
BSB	<input type="text"/>	Account Number	<input type="text"/>
Account Name	<input type="text"/>		

### AUTHORISATION

I/we instruct MUFG Corporate Markets to effect this request in accordance with the completed instructions set out above. I/we acknowledge that any personal information I/we provide to MUFG CM will be collected and handled in accordance with MUFG CM privacy policy, a copy of which can be found at [www.mpms.mufg.com](http://www.mpms.mufg.com) or posted/emailed to us if we contact LFS on +612 8767 1114 or [qvg@cm.mpms.mufg.com](mailto:qvg@cm.mpms.mufg.com) By submitting this form or any other paperwork relating to my/our investment I/we consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.

Signature	<input type="text"/>	Signature	<input type="text"/>
Print Name	<input type="text"/>	Print Name	<input type="text"/>
Title (circle)	Individual / Sole Director / Director / Trustee	Title (circle)	Individual / Sole Director / Director / Trustee
Date	<input type="text"/>	Date	<input type="text"/>

### COMPLETED FORM

Please return the completed form to: **Scan and email** this request to [qvg@cm.mpms.mufg.com](mailto:qvg@cm.mpms.mufg.com)

### FOR FURTHER ASSISTANCE

- Contact **Link** on +61 2 8767 1114, or
- Contact **QVG Capital** on +61 2 8039 9060