## REDEMPTION REQUEST FORM

## SAMUEL TERRY ABSOLUTE RETURN GROUP comprising

SAMUEL TERRY ABSOLUTE RETURN FUND ABN 25 726 649 409 SAMUEL TERRY ABSOLUTE RETURN ACTIVE FUND ABN 67 302 926 069

Redemption Requests require a minimum of three month's written notice.

Investor Numbe	er							
Investor Name								
DEDEMOTION	LAMOUN	T						
REDEMPTION AMOUNT  Please indicate if you would like to withdraw the total amount of your investment or a partial amount.								
Please indicate if yo	u would like	to withdraw th	e total amount	of your inve	stment or a p	partial amount.		
Class or Series (if ap	plicable):							
Full withdrawal	!							
Partial withdrawal, please state amount or units to be withdrawn:				wn:	\$AUD			
				OR				UNITS
CONTACT DE	TAILS							
Canta et Name					4 NJ h			
Contact Name				Com	tact Number			
PAYMENT OF	PROCEE	DS						
Pay into the acc	count previous	sly advised	OR					
Pay redemption proceeds into following account:								
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 ba			uich bunk accoun	ii inui is curre	miy recoraea ir	i our records under	your invesimen	n or g you have
Account Name:								
Bank:								
BSB:								
Account Number:								
DECLARATIO	N AND A	UTHORISA	TION					
Please make sure you have completed the 'Full or Partial Withdrawal' section above.  In signing, I/we authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that the								
						ditions of the appl		
Signature			Name ar	nd title of Si	gnatory (bloc	ck letters please)	Date	
Signature			Name a	nd title of Si	gnatory (bloc	ck letters please)	Date	
Please note it's up to the investor to ensure Link Fund Solutions have been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there maybe delays in processing of this request.								
EMAIL OR PO	ST THIS	FORM						
Please return the completed form to:								
EMAIL: SamuelTerry@linkmarketservices.com.au OR								
POSTAL ADDRESS: Samuel Terry Unit Registry, C/- Link Market Services Limited, Locked Bag 5038, Parramatta NSW 2124								