

All Registry Communication to:

AUTOMIC GROUP

GPO Box 5193, Sydney NSW 200

cooperinvestors@automicgroup.com.au

www.cooperinvestors.com

Responsible Entity: Equity Trustees Limited | ABN 46 004 031 298 | AFSL No: 240975 Investment Manager: Cooper Investors Pty Ltd | ABN 26 100 409 890 | AFSL No: 221794

# **Redemption Request Form**

## **REDEMPTION PROCESS:**

Please use this form as you are an existing investor and wish to make a redemption. Terms and conditions for redemptions are detailed in the Product Disclosure Statement (PDS) of the fund.

Please complete this form in accordance with the instructions below.

#### 1. READ COMPLETE ALL SECTIONS IN BLOCK CAPITALS USING A BLACK PEN.

If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

Please double check that you have done the following:

- Written your holder number and account name as it appears on your holding
- Selected the correct fund in which this instruction applies to
- Written the amount in either Australian dollars or units if you are only making a partial redemption
- Provided your bank details
- Signed the form as per the 'Signing instructions' in section 4

#### 2. INCLUDE SCANNED VERSION OF YOUR ID DOCUMENTS

For Automic to verify your redemption request, please include a current copy of either your passport or driver's license when submitting your redemption request. This should be included as an attachment with the completed redemption form.

## 3. SEND YOUR REDEMPTION REQUEST TO US

Return your Redemption Form to:

By Email:

Cooper Investors Pty Ltd cooperinvestors@automicgroup.com.au

By Post: Cooper Investors Pty Ltd GPO Box 5193

Sydney NSW 2000

Need help with your redemption request, then please contact us on:



Need help with your application? Please contact us on: Email: cooperinvestors@automicgroup.com.au

Phone (within Australia): 1300 124 068 Phone (outside Australia): +61 (0)2 8072 1428

1. INVESTOR DETAILS							
Security Holder Reference Number (S	RN) – 12 digits i	ncluding the leadir	ng letter 'l'				
Account Name:							
2. REDEMPTION DETAILS							
Please indicate if you are making a full re	demption or a par	rtial redemption.					
If you are making a partial redemption, p	lease specify eith	er the dollar amount	OR the number o	f units you wis	h to redeem.		
FUND NAME	APIR code	Dollar Amo Redee			er of Units to be Redeemed	FULL REDEMPTION (x)	
Cooper Investors Global Equities Fund (Hedged)	CIPO001AU						
Cooper Investors Global Equities Fund (Unhedged)	CIP0003AU						
*Please note that there is no minimum withdrawal amount.							
3. FUND TRANSFER DETAILS							
Please pay the redemption proceeds to:							
the bank account details on file OR the following new bank account details:							
BSB	Account Numb	er			DO NOT USE YOUR CARD NUMB If you are unsure of your BSB or		
					check with your bank, building soci		
Name in which the account is held (e.g. John Smith)							
Payments will only be made electronically. We will not make any payments into third party bank accounts.							
When your additional application is processed by our unit registry, you will be sent an automated email confirmation.							
Email Address to receive the confirmation	n:						

By providing your email address, you elect to receive all communications electronically from the Trustee (where legally permissible) using this email address.

# 4. DECLARATIONS, ACKNOWLEDGEMENTS AND SIGNATURES

**4.1 SIGNING**: Beneficiary owner/s must sign in accordance with the instructions provided below

INSTRUCTIONS – Who needs to sign this form:

Director

Authorised signatory

Sole director and company secretary

Individual	Where the investment is in one name, the sole investor must sign.					
Individual Trustee	Where the investment has one individual trustee, the trustee must sign.					
Multiple Trustees	Where the investment has more than one individual trustee, all trustees must sign.					
Joint Holding	Where the investment is in more than one name, all investors must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.					
Companies / Corporate Trustee	the company (pursuant to section 204A of the Cor	the sole company secretary, this form must be signed by that person. If porations Act 2001) does not have a company secretary, a sole director signed by a director jointly with either another director ty in which the form is signed.				
Trust	The trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.					
Power of Attorney	If signing under a Power of Attorney and you have not already lodged the Power of Attorney document, please attach a certifie copy of the Power of Attorney annotated with the following: I/We attest that the Power of Attorney has not been rescinded crevoked and that the person who gave the Power of Attorney is still living.					
Signature of investor :	L, director or authorised signatory	Signature of investor 2, director/company secretary or authorised signatory				
Please print full nam	е	Please print full name				
Date		Date				
/ /		/ /				
Company officer (pleas	se indicate company capacity):	Company officer (please indicate company capacity):				

Director

Company secretary

Authorised signatory