



**Client Services contact details**

**Phone**

+61 3 9225 5273

**Email**

contact@corcapital.com.au

## Redemption Request Form

### Cor Capital Fund

Please use this form if you are an existing investor in one of the above funds and wish to make a redemption.

**1. Please complete all sections in block capitals and 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 account number and account name as it appears on your latest periodic or transaction statements
- written which fund this instruction applies to
- written the amount in either Australian dollars or units if you are only making a partial redemption
- provided your bank account details
- signed the form as per the 'Signing instructions' in section 4.

**2. Send your redemption request to us.**

You can return your forms by post or email according to the details below:

Send by Post: Cor Capital Fund  
GPO Box 804  
Melbourne VIC 3001

Scan and email to: corcapital\_transactions@onevue.com.au

#### Legal notices

OneVue RE Services Limited ABN 94 101 103 011 AFSL 223271 (**OneVue**) is the issuer of units in the Cor Capital Fund ARSN 609 666 042 APIR COR0001AU.

OneVue is committed to ensuring the confidentiality and security of your Personal Information. We and our unit registry handle your Personal Information in accordance with the Privacy Act 1988 and our respective privacy policies, which can be accessed at our respective websites.

**1. Investor details**

Account number










Account name



**2. Redemption details**

Please indicate if you are making a full redemption or a partial redemption.

If you are making a partial redemption please specify the number of units or dollar amount you wish to redeem. To keep your account open, we currently require a minimum balance of AUD\$20,000. If your balance after redemption is lower than the minimum we will contact you as we will be unable to process your request.

FUND NAME	ARSN	WITHDRAWAL AMOUNT	REDEMPTION OPTION (Indicate preference with an X)	
			Full redemption	Partial redemption units
Cor Capital Fund	609 666 042	AUD \$	<input type="checkbox"/>	<input type="checkbox"/>

**3. Payment of proceeds**

Redemption proceeds will be paid into the bank account below which must be in the name of the investor/s. If a bank account is not provided below, we will make payments to the bank account you have previously provided. To avoid fraudulent requests we will not make any payments into third party bank accounts. There may be a delay in finalising payment to ensure that the redemption request is genuine.

**Australian bank account details**

Please provide the Australian bank account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to a bank account held in the name of the investor/s. Payments will not be made into third party bank accounts.

Bank name

Branch name

BSB number      Account number



Bank account name (cannot be a third party account)

**4. Acknowledgements and signatures**

By signing this form I/We agree that OneVue and the unit registry are entitle to act on the instructions, without further enquiry and these instructions supersede and have priority over all previous instructions in respect to my/our investment.

**Signing instructions**

**Individual** – where the investment is in one name, the account holder must sign.

**Joint Holding** – where the investment is in more than one name, all of the account holders must sign.

**Companies** – where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity 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 you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of investor 1, director or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory