Longwave Australian Small Companies Fund – Active ETF |ABN 77 852 020 525
Responsible Entity: Pinnacle Fund Services Ltd | ABN 29 082 494 362 | AFSL 238371

Redemption Request Form

REDEMPTION PROCESS:

Please use this form if 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 Securityholder Reference Number (SRN) 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 PHOTOCOPIED 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:
Longwave Australian Small Companies Fund - Active ETF
longwave@automic.com.au

By Post:
Longwave Australian Small Companies Fund - Active ETF
GPO Box 5193
Sydney NSW 2000

ASSISTANCE:

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

Email: longwave@automicgroup.com.au
Phone (within Australia): 1300 092 587
Phone (outside Australia): +61 (0) 2 7208 4521

1. INVESTOR DETAILS

Security Holder Reference Number (SRN) – 12 digits including the leading letter 'I'

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 either the dollar amount OR the number of units you wish to redeem.

FUND NAME	PARTIAL REDEMPTION		FULL REDEMPTION
	AUD $	UNITS	
Longwave Australian Small Companies Fund - Active ETF			☐

Please note that the minimum withdrawal amount is $5,000.

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 Number

DO NOT USE YOUR CARD NUMBER
If you are unsure of your BSB or account number, please check with your bank, building society or credit union

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.

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:

Individual	Where the investment is in one name, the sole investor 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	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 signing under a Power of Attorney and you have not already lodged the Power of Attorney document, please attach a certified copy of the Power of Attorney annotated with the following: I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of investor 1, director or authorised signatory

Please print full name

Date

/ /

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

/ /

Company officer (please indicate company capacity):

- ☐ Director
- ☐ Company secretary
- ☐ Authorised signatory