

Redemption Form

Investor number:													
Investor name:													
Fund name:	<table border="0"> <tr> <td></td> <td style="text-align: right;"><u>Redemption Period</u></td> </tr> <tr> <td>Equities Fund</td> <td><input type="checkbox"/> weekly</td> </tr> <tr> <td>Charitable Equities Fund</td> <td><input type="checkbox"/> weekly</td> </tr> <tr> <td>Income Fund</td> <td><input type="checkbox"/> weekly</td> </tr> <tr> <td>Pooled Super Trust- Accumulation units</td> <td><input type="checkbox"/> weekly</td> </tr> <tr> <td>Pooled Super Trust- Pension units</td> <td><input type="checkbox"/> monthly</td> </tr> </table>		<u>Redemption Period</u>	Equities Fund	<input type="checkbox"/> weekly	Charitable Equities Fund	<input type="checkbox"/> weekly	Income Fund	<input type="checkbox"/> weekly	Pooled Super Trust- Accumulation units	<input type="checkbox"/> weekly	Pooled Super Trust- Pension units	<input type="checkbox"/> monthly
	<u>Redemption Period</u>												
Equities Fund	<input type="checkbox"/> weekly												
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Pooled Super Trust- Accumulation units	<input type="checkbox"/> weekly												
Pooled Super Trust- Pension units	<input type="checkbox"/> monthly												
Redemption amount: (specify units or dollars)													

Bank account details	
Account name:	
Bank:	
BSB:	
Account number:	

Authorised signatories:	
Date:	

Please mail the original form to:

Kaplan Funds Management

Suite 607, 180 Ocean Street

Edgecliff NSW 2027

or email the scanned form to: enquiries@kaplanfunds.com.au