

**Contact details**

**Responsible Entity**

PPF Asset Management Limited  
 ABN 87 099 091 960, AFSL 229 696  
 Offices 209 - 210  
 20 Convention Centre Place  
 South Wharf VIC 3006

Telephone (61 3) 9690 1500  
 Facsimile (61 3) 9690 1544  
 Email funds@ppf.com.au  
 Web www.ppf.com.au

**Redemption Form**

*You must read the attached Product Disclosure Statement dated 8 March 2023 before completing this Form*

**A. Investor Details**

**Investor Number**

**Contact Telephone Number**

**Account Name**



**B. Redemption Details**

Please note the minimum amount you can redeem from each Fund is \$10,000. If your redemption request results in the current value of your remaining unitholding in any one of the Funds being less than \$20,000, then we may treat the request as being for all of your Units in that Fund.

Please redeem my/our TOTAL investment in the Funds

Please redeem only PART of my/our total investment in the Funds as detailed below:

**Please make my/our redemption from the following Funds:**

If you wish to withdraw the full amount, please write "FULL".

Fund	Amount	Dollars	OR	Units
Diversified Growth Fund	<input type="text"/>			
Enhanced Income Fund	<input type="text"/>			

**C. Payment Instructions**

Please choose one or more of the payment alternatives below by ticking the box(es).

For your protection, PPF Asset Management will not accept facsimile or email requests for cheques made payable to third parties or for direct credit to an account which has not been previously nominated by the investor.

- (i) Please pay proceeds of redemption by Direct Credit
- (ii) Please pay proceeds of redemption by Cheque

**(i) DIRECT CREDIT TO THE ACCOUNT DETAILED BELOW:**

Financial Institution

Branch Name/Suburb

Account Name

Branch (BSB) Number

Account Number

## C. Payment Instructions (continued)

### (ii) CHEQUE VIA MAIL DETAILED BELOW:

#### Account holder cheque

Cheque in favour of account holder(s) to be mailed to the address given below:

\$

#### Third party cheque(s)

Cheque in favour of the following third party(s) to be mailed to the address given below:

Please note we can only send third party cheques if the original Redemption Form is mailed - it cannot be faxed or emailed

Payee

\$

Payee

\$

Street/Unit/PO Box Number

Street

Account Designation e.g. Superannuation Fund

State

Postcode

Contact Name

## D. Declaration and Signatures

When you complete this Redemption Form you make the following declarations, representations, warranties and acknowledgments:

- You have received and read the PDS to which this Redemption Form applies.
- You are at least 18 years of age.
- All details provided by you in this Redemption Form are true and correct.
- You are bound by the terms and conditions of the current PDS and of the constitution of the Fund, as amended, reissued or replaced from time to time.
- No one guarantees the repayment of capital invested in the Fund, the performance of nor any particular return from the Fund and you understand the risks involved in investing in the Fund.
- That units may be redeemed or monies deducted from your withdrawal proceeds without you asking in order to pay any fees owing to any person and you authorise the Responsible Entity to redeem such number of units or deduct such monies as is necessary to meet any fees you owe any person. You acknowledge this may have tax consequences for your investment in the Fund.
- The Responsible Entity may be required to pass on information about you or your investment to the relevant regulatory authority in compliance with anti-money laundering laws and relevant taxation legislation. You will provide such information and assistance that may be requested by the Responsible Entity or any other person to comply with their obligations under anti-money laundering laws and relevant taxation legislation and you indemnify them against any loss caused by your failure to provide such information or assistance.
- The monies used to fund your investment in the Fund are not derived from or related to any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of your investment in the Fund will not be used to finance any illegal activities.
- Any personal information you provide will be collected and handled in accordance with the Responsible Entity's privacy policy. By submitting this form or any other paperwork relating to your investment you consent to your personal information being collected and handled in accordance with that policy.

## D. Declaration and Signatures (continued)

For joint application, each individual must sign. For Individual Trustee Trust / Superannuation Funds, each individual trustee must sign. For Company / Corporate Trustee Trust / Superannuation Funds, 2 directors, a Director and Secretary or Sole Director must sign.

I/We declare that all the details in this Redemption Form are true and correct.

Signature

Name

Date

Signature

Name

Date

### Investor type:

- Individual
- Director/Secretary
- Partner
- Trustee

### Investor type:

- Individual
- Director/Secretary
- Partner
- Trustee

Signature

Name

Date

Signature

Name

Date

### Investor type:

- Individual
- Director/Secretary
- Partner
- Trustee

### Investor type:

- Individual
- Director/Secretary
- Partner
- Trustee

Please return your completed form to:

PPF Asset Management Limited

Offices 209-210

20 Convention Centre Place

South Wharf VIC 3006