

REDEMPTION REQUEST FORM

Post:

[Fund Name]
 C/- RBC Investor Services Trust – Registry Operations
 GPO Box 4471
 SYDNEY NSW 2001

Fax:

[Fund Name]
 C/- RBC Investor Services Trust – Registry Operations
 +612 8262 5492

Please note redemption requests received prior to 12:00pm Sydney time (on a Sydney business day) are deemed to be received that day. Requests received after 12:00pm Sydney time are deemed to be received the next business day.

Investor details

Client account number _____
 Investor name _____
 (For Funds/Trusts) Trustee name _____

Fund Information

Please accept this redemption request with respect to my/our investment in the below Fund(s):

Fund Name	Amount in \$		Units		Entire Investment
Spheria Australian Microcap Fund		OR		OR	<input type="checkbox"/>
Spheria Australian Smaller Companies Fund		OR		OR	<input type="checkbox"/>
Spheria Opportunities Fund		OR		OR	<input type="checkbox"/>

Minimum remaining balance is \$5,000 for the Spheria Australian Smaller Companies Funds and Spheria Opportunities Fund. The minimum remaining balance is \$25,000 for the Spheria Australian Microcap Fund. If your withdrawal request would result in your investment balance being less than the Fund’s minimum investment balance, we may treat your withdrawal request as being for your entire investment.

Payment instructions

Please credit my financial institution account using:

- the details you hold in my records; OR
- the following account details (if no account details are on record)* :

Bank _____
 Account Name _____
 BSB No _____ Account No _____

*For a change of account details, written instructions are required to be sent prior to your redemption request.

Note: Proceeds cannot be transferred to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. ‘ABC Super Fund’ or ‘ABC Pty Ltd ATF ABC Super Fund’.

Authorisation

I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and Additional Information to the PDS to which this request applies. *Please ensure that this form is signed according to the authority assigned to the account.*

Signature _____ Date ____/____/_____
 Full Name _____
 Capacity: (e.g. director, trustee) _____

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Authorisation (continued)

Signature _____
Full Name _____
Capacity: (e.g. director, trustee) _____

Date ____/____/____

Signature _____
Full Name _____
Capacity: (e.g. director, trustee) _____

Date ____/____/____

Signature _____
Full Name _____
Capacity: (e.g. director, trustee) _____

Date ____/____/____