

# Redemption Request Form

This form relates to a Product Disclosure Statement dated 27 February 2024 (PDS) issued by The Trust Company (RE Services) Limited (ABN 45 003 278 831; AFSL 235 150) as responsible entity for the Atrium Evolution Series – Diversified Fund (ARSN 151 191 776).

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

Please complete all sections using the interactive fields and then save the completed PDF form.

If you prefer to complete a printed form, please use BLOCK letters 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.

**1. Please ensure that you have completed the following:**

- written your account number and account name as it appears on your latest 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 documents to us.**

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

**Send by post:**

Atrium – Registry Services  
GPO Box 804  
Melbourne VIC 3001

**Save the completed PDF Form or scan and email to**

[atrium\\_transactions@unitregistry.com.au](mailto:atrium_transactions@unitregistry.com.au)

Please include your account number in the subject line of your email.

## 1 Investor details

Investor number

Investor 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. Please note redemption requests must be for a minimum of \$5,000 in aggregate and \$2,000 in any one class of units. You must maintain a minimum aggregate balance of \$15,000 in the Fund, and \$5,000 in any class of units to remain invested. 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	APIR Code	Withdrawal amount AUD\$	Redemption option (indicate preference with an X)	
			Full redemption	Partial redemption units
Atrium Evolution Series – Diversified Fund AEF 5 Units	COL0029AU			
Atrium Evolution Series – Diversified Fund AEF 7 Units	COL0030AU			
Atrium Evolution Series – Diversified Fund AEF 7 P Units	PIM7509AU			
Atrium Evolution Series – Diversified Fund AEF 9 Units	COL0031AU			
Atrium Evolution Series – Diversified Fund AEF 9 P Units	PIM5301AU			

## 3 Payment of proceeds

Redemption will be paid to the bank account on file.

**Please note:** The Fund can only pay redemption proceeds to the bank account held on file which have previously been submitted and accepted. If there are changes to your bank account held on file, the Fund requires an original Change of Details form with an original signature to be completed. Confirmation must be received that your bank account has been updated prior to acceptance of a redemption request.

## 4 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* (Cth)) 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

---

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

---

Please print full name

---

Please print full name

---

Date (DD/MM/YYYY)        /        /

---

Date (DD/MM/YYYY)        /        /

---

Company officer (please indicate company capacity)

---

Company officer (please indicate company capacity)

Director

Director

Sole director and company secretary

Sole director and company secretary

Authorised signatory

Authorised signatory

---