

# Redemption request



**PLEASE USE THIS FORM IF YOU ARE AN EXISTING INVESTOR IN ONE OF THE BELOW FUNDS AND WISH TO MAKE A REDEMPTION.**

Complete all sections in BLOCK capitals 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 redemption request to us.**

You can return your form by email or post.

Scan and email to [transactions@uethical.com](mailto:transactions@uethical.com)

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

Send by post: C\ - < U Ethical >  
GPO Box 804  
Melbourne VIC 3001  
Australia

**Client Service contact details**

**Phone:** 1800 996 888 | **Email:** [info@uethical.com](mailto:info@uethical.com)

## 1. Investor details

Account number

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 the number of units or dollar amount you wish to redeem. 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	WITHDRAWAL AMOUNT \$	REDEMPTION OPTION (indicate preference with an X)	
		Full redemption	Partial redemption units
<b>Wholesale</b>			
U Ethical International Equities Trust - Wholesale		<input type="checkbox"/>	
U Ethical Australian Equities Trust - Wholesale		<input type="checkbox"/>	
U Ethical Growth Portfolio		<input type="checkbox"/>	
U Ethical Diversified Income Trust - Wholesale		<input type="checkbox"/>	
U Ethical Enhanced Income Trust - Wholesale		<input type="checkbox"/>	
<b>U Ethical Cash Management Trust - Wholesale*</b>		<input type="checkbox"/>	
<b>Retail</b>			
U Ethical Australian Equities Trust		<input type="checkbox"/>	
<b>U Ethical Cash Management Trust*</b>		<input type="checkbox"/>	

\*These funds have an 11:00am cut off for same day processing.

## 3. Payment of proceeds

U Ethical Redemption proceeds will be paid to the bank account on file unless otherwise specified below.

Please provide the financial institution account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to a financial institution account held in the name of the investor/s. Payments will not be made into third party financial institution accounts.

Financial institution name

BSB

Account number

Account name

### Regular savings plan – change of bank account

If this account is also to be used for your regular savings plan, please complete the 'Direct Debit' form available on the applicable product page at [www.ueethical.com](http://www.ueethical.com) and send the completed instruction to us as instructed on the form. If we do not receive a 'Direct Debit' form, we assume you do not have a regular savings plan or that you wish for your existing regular savings plan bank account details to remain unchanged.

**Note:** Please provide a copy of a bank statement for verification purposes.

## 4. Signing instructions

By completing and signing this form, you:

- authorise us to act according to the instructions on this form,
- acknowledge that the instructions on this form supersede all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

### Who needs to sign this form?

**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 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) 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

Date (DD/MM/YYYY)   /   /

Please print full name

Capacity	
Director	<input type="checkbox"/>
Sole director and company secretary	<input type="checkbox"/>
Authorised signatory / Power of Attorney	<input type="checkbox"/>

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

Date (DD/MM/YYYY)   /   /

Please print full name

Capacity	
Director	<input type="checkbox"/>
Sole director and company secretary	<input type="checkbox"/>
Authorised signatory / Power of Attorney	<input type="checkbox"/>