

Redemption request form

Invesco Australia Limited

Contact us

E: clientservices.au@invesco.com T: 1800 813 500

Please complete this form in CAPITAL LETTERS using a black pen. If you make a mistake simply cross out and initial your change. Do not use correction fluid.

Please ensure that this form is signed by the authorised signatory or signatories on the account.

Please complete all details in full and return either by email to clientservices.au@invesco.com or post to: Invesco Australia Limited

C/- LINK Market Services Limited

Locked Bag 5038

Parramatta NSW 2124

Important

- Please complete one form per investor number.
- Withdrawal proceeds will be made by electronic payment Into your nominated Australian bank, building society or credit union account. We will not pay withdrawal proceeds to third parties.
- Withdrawals will generally be paid within 10 business days.
- · Valid instructions received by the cut-off time (2:30pm Melbourne time) will be processed on that business day.

Investor details			
Investor number			
Investor account name			
Registered address			
E-mail address			
Phone number			
Redemption details Please nominate the details of the redemption below:			
Redemption details Please nominate the details of the redemptio	n below:		
Redemption details Please nominate the details of the redemptio	n below: Redemption amo (choose A or B)	unt	
Redemption details Please nominate the details of the redemptio	Redemption amo (choose A or B)	В	
Redemption details Please nominate the details of the redemptio Fund name (or APIR code)	Redemption amo (choose A or B)	·	
Please nominate the details of the redemptio	Redemption amo (choose A or B) A Partial redemption	B Full redemption	
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 $Please \ note \ all \ funds \ will \ be \ paid \ into \ your \ nominated \ bank \ account \ in \ AUD \ (Australian \ Dollars).$

See over page >



Payment instruction Please note: we canno	t pay withdrawal proceeds by cheque.	
Please Direct Cre	dit the redemption amount to the nominated bank account held on file	
Please Direct Cre	dit the redemption amount to a new bank account (please provide details below)	
 We will not pay 	unt will be held on file for future transactions withdrawal proceeds to third parties rposes, we may contact you to confirm this change is authorised	
New bank account de	tails	
Financial institution		
Account name (full)		
BSB		
Account Number		
Authorised signatori	es	
Name/s		-
Signature/s		_
Date		