

Client Services contact details

Phone

Within Australia: 02 8022 7487 International: +61 2 8022 7487

Email

daintree.transactions@unitregistry.com.au

Redemption Request Form

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 ye	ease ensure that you have completed the following:			
	written your inve	estor number and account name as it appears on your latest statements			
	written which fur	nd this instruction applies to			
	written the dolla	r amount or units if you are only making a partial redemption			
	provided your ba	ank account details			
	\square signed the form	as per the 'Signing instructions' in section 4.			
2.	Send your redemption	ur redemption request to us.			
	You can return your f	n return your forms by post or email according to the details below:			
	Send by post:	Daintree Trusts Registry Services GPO Box 804 Melbourne VIC 3001			
	Scan and email to:	daintree.transactions@unitregistry.com.au			
		Please include your investor number in the subject line of your email.			
		PIML will not be able to process your redemption until we receive the correct documentation. This may affect the unit price applying to your investment.			

Perennial Investment Management Limited (PIML) ABN 13 108 747 637, AFSL 275101 is the responsible entity and issuer of this redemption request form.

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.

The minimum withdrawal amount is \$5,000 (or the equivalent value in units) for the trust. The minimum account balance amount is \$25,000 for the Trust. If your balance after redemption is lower than the minimum we will contact you as we will be unable to process your request.

	APIR CODE	INVESTMENT	DISTRIBUTION OPTION (indicate preference with an X)	
TRUST NAME		AMOUNT \$AUD	Pay to my bank a/c	Reinvest
Daintree Core Income Trust	WPC1963AU	AUS \$		
Daintree High Income Trust	WPC1583AU	AUS \$		
Daintree Hybrid Opportunities Fund (Managed Fund)	WPC2054AU	AUS \$		

TRUST NAME	APIR CODE	INVESTMENT AMOUNT \$AUD	DISTRIBUTION OPTION (indicate preference with an X)	
TROST NAME			Pay to my bank a/c	Reinvest
Daintree Core Income Trust	WPC0696AU	AUS \$		
Daintree High Income Trust	WPC0529AU	AUS \$		

3 Payment of proceeds

Redemption will be paid to the bank account on file.

Please note: PIML can only pay redemption proceeds to the bank account held on file which has previously been submitted and accepted. If there are changes to your bank account held on file, PIML 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

By signing this form I/we agree that OneVue and the unit registry are entitle to act on the instructions, without further enquiry and these instructions supersede and have priority over all previous instructions in respect to my/our investment.

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) 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.

Please print full name Date (DD/MM/YYYY) Director Sole director and company secretary Authorised signatory Signature of investor 2, director/company secretary or authorised signatory Please print full name Date (DD/MM/YYYY) Director Company officer (please indicate company capacity) Director Company secretary Authorised signatory	Signature of investor 1, director or authorised signatory			
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authorised signatory Please print full name Date (DD/MM/YYYY) Company officer (please indicate company capacity) Director Company secretary	Director Sole director and company secretary			
Date (DD/MM/YYYY) DD / MM / YYYY Company officer (please indicate company capacity) Director Company secretary				
Company officer (please indicate company capacity) Director Company secretary	Please print full name			
Director Company secretary	Date (DD/MM/YYYY)			
	Director			