

Redemption Request Form

Max Alpha
Opportunities Fund

Instructions for Completing the Redemption Request Form

Please use this form if you are an existing investor in Max Alpha Opportunities Fund (**the Fund**) and wish to make a redemption request.

1. You should read and ensure that you understand the Information Memorandum (**IM**) and relevant additional information for the Fund before completing this form. Terms used in this redemption request form have the same meaning as defined in IM.
2. Complete all relevant sections of this Redemption Request Form in 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.
3. The Completed Redemption Request Form should be returned, either by email or by post using the details below:

By email to: funds@maxalpha.com.au

Or by post:

Max Alpha Fund Management Pty Ltd

Level 28, One International Towers, Tower 1, 100 Barangaroo Avenue, Barangaroo, NSW 2000

Section A – Investor Details

Investor Name:

Investor Number:

Section B – 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. To keep your account open, we currently require a minimum balance of AUD \$100,000. If your balance after the redemption is lower than the minimum balance required, we will contact you as we will not be able to process your redemption request.

Full redemption Partial redemption

Withdrawal Amount AU\$

Section C – Payment of Proceeds

The proceeds from your redemption will be paid to your nominated bank account currently on our file.

Please note: The Max Alpha Opportunities Fund can only pay your redemption proceeds to your nominated bank account held on file, as these details have previously been submitted and accepted. If there are changes to your bank account held on file, Max Alpha 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. To avoid fraudulent requests, we will not make any payments to third party bank accounts. There may also be a delay in finalising payment to ensure that the redemption request is genuine. No interest is payable for any delay in finalizing payment of your redemption money.

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Authorisation

I/we instruct Max Alpha Fund Management Pty Ltd (**Max Alpha**) to effect this request in accordance with the completed instructions set out above.

I/we acknowledge that any personal information I/we provide to Max Alpha will be collected and handled in accordance with Max Alpha’s privacy policy, a copy of which can be found at www.maxalpha.com.au or posted / emailed to us if we contact Max Alpha on 1300 707 758 or info@maxalpha.com.au.

By submitting this form or any other paperwork relating to my/our investment I/we consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.

Signatures

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 signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of Individual or Company Officer:

Print Full Name:

Date (DD/MM/YYYY):

Company officer’s capacity:

- Director
- Company secretary
- Authorised signatory

Signature of Individual or Company Officer:

Print Full Name:

Date (DD/MM/YYYY):

Company officer’s capacity:

- Director
- Company secretary
- Authorised signatory