REDEMPTION REQUEST FORM - RETAIL

Note: Redemption requests received prior to 12:00pm Sydney time (on a Sydney business day) are deemed to be received that day. Requests received after 12:00pm Sydney time are deemed to be received the next business day.

Online Form: Redemption requests can also be lodged via the online Investor Portal.

Investor details

Investor name _____

Investor number (eight-digit number) _____

Fund information

Please accept this redemption request with respect to my/our investment in the below Fund(s):

Fund Name	Minimum balance AUD $	Minimum withdrawal amount AUD$	Partial withdrawal amount in AUD$	Withdrawal Option (Indicate preference with an X)	
				Full withdrawal	Partial withdrawal units
Antipodes Global Core Fund - Class P	$25,000	$5,000		☐	
Maple-Brown Abbott Australian Share Fund – Class R	$500	$500		☐	
Maple-Brown Abbott Australian Share Fund – Class W	$10,000	$10,000		☐	
Maple-Brown Abbott Australian Small Companies Fund	$10,000	$1,000		☐	
Maple-Brown Abbott Australian Value Opportunities Fund	$10,000	$1,000		☐	
Maple-Brown Abbott Diversified Investment Trust	$10,000	$1,000		☐	
Maple-Brown Abbott Global Transition Infrastructure Fund - Class H (Hedged)	$10,000	$1,000		☐	
Maple-Brown Abbott Global Transition Infrastructure Fund - Class P (Unhedged)	$10,000	$1,000		☐	

Payment instructions

Please credit my financial institution account using:

☐ the details you hold in my records; OR

☐ the following account details (if no account details are on record)* :

Bank _____

Account Name _____

BSB No _____ Account No _____

*For a change of account details, written instructions are required to be sent prior to your redemption request.

Note: Proceeds cannot be transferred to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.

Authorisation

I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and Additional Information to the PDS to which this request applies. *Please ensure that this form is signed according to the authority assigned to the account.*

Signature _____ Date _____/_____/_____

Full Name _____

Capacity: (e.g. director, trustee) _____

Signature _____ Date _____/_____/_____

Full Name _____

Capacity: (e.g. director, trustee) _____

Signature _____ Date _____/_____/_____

Full Name _____

Capacity: (e.g. director, trustee) _____

Signature _____ Date _____/_____/_____

Full Name _____

Capacity: (e.g. director, trustee) _____

Post:
Maple-Brown Abbott Limited
c/- Citi Unit Registry Australia
GPO Box 764
Melbourne VIC 3001

Fax:
[Fund Name] [Investor Name]
c/- Citi Unit Registry Australia
1300 998 512