## Redemption form **Corinthian balanced fund**

## **TiP Wealth**

			Class or series			
1. Investor details						
Investor name		Investor number				
Contact name			Contact phone			
Contact email						
2. Redemption amount (Pleas	se select one opt	ion)				
Full Redemption – please proceed to the next	t section 3					
Partial Redemption – please complete one of the following			mount to redeem	\$AUD		
3. Payment of redemption p	(Please select one opt	Units to redeem	UNITS			
5. rayment of redemption p	IUCEEUS	(Flease select one opt	lonj			
Pay into the account previously advised	- please proceed to	the next section 4				
Pay redemption proceeds into following	account – please	provide details below				
IMPORTANT INFORMATION: Additional security checks to account provided does not match bank account that is o						
Bank	Branch na	me				
BSB	Account r	lumber				
Account name						
Account name						

## 4. Authorisation

I/we instruct TIP Trustees LTD to effect this request in accordance with the completed instructions set out above. I/we acknowledge that any personal information I/ we provide to TIP Trustees will be collected and handled in accordance with the TIP Group privacy policy, a copy of which can be found at www.tipgroup.com.au. If you would like a printed/emailed version please contact TIP Trustees on 1300 160 803 or funds@tipgroup.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.

Signature			Signature				
Name (please print	:]			Name (please pr	int)		
Individual Date	Sole Director	Director	Trustee	Individual Date	Sole Director	Director	Trustee

Please note it's up to the Investor to ensure TIP Trustees has been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there may be delays in processing this request

## **5. Completed form**

Please return the completed form to:

• Complete digital form or print, complete and scan before emailing this request to funds@tipgroup.com.au or

• Please **post** this completed form to:

Corinthian Balanced Fund
C/- TIP Trustees
GPO Box 639
Adelaide SA 5001

If you have any questions about this form please contact the TIP Trustees on 1300 160 803 or funds@tipgroup.com.au.

