

# Group Investment Fund Redemption Request

**✓ Instructions**

- Completed redemption forms must be forwarded to Client Services, Guardian Trust, PO Box 1934, Auckland.
- Instructions will receive the price as calculated on the day of receipt by Client Services, in the case of daily priced funds.
- Instructions for weekly prices funds will receive value for the next price date, following the receipt of this instruction.
- No redemption instruction will be processed unless all supporting documents have been received by Guardian Trust.

**✓ Investor Details** (Please print clearly in block letters)

• Surname/Entity name

• First name(s)

• Contact telephone number

I/We hereby request Guardian Trust to redeem units as follows :

**✓ Fund Name(s)**

Clearly indicate either a Dollar or unit redemption. Please specify whether you would like to continue your direct debit, if applicable. An existing direct debit will remain in force unless otherwise specified.

TOTAL AMOUNTS (Tick where applicable)

Fund name	Client number	Dollar amount	Unit amount	Cancel direct debit ?
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	• Yes <input type="checkbox"/> • No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	• Yes <input type="checkbox"/> • No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	• Yes <input type="checkbox"/> • No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	• Yes <input type="checkbox"/> • No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	• Yes <input type="checkbox"/> • No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	• Yes <input type="checkbox"/> • No <input type="checkbox"/>

**✓ Payment Instruction** (Please provide a bank deposit slip if your banking details have changed)

• Name of bank

• Name of account holder

• Account number

Bank                      Branch Number                      Account Number                      Suffix

**✓ Terms and Conditions**

- Guardian Trust reserves the right to withhold processing of any unclear, incomplete or ambiguous requests forwarded by the investor.
- Guardian Trust will not be liable for any loss incurred due to incorrect information being supplied by the investor.
- In the event that this instruction is faxed to Guardian Trust, the responsibility of ensuring that the instruction has been received and actioned, will lie with the investor. A fax confirmation receipt in the hands of the sender will not be regarded as proof that Guardian Trust received a specific document.
- The clearance period on deposits is 5 working days. Guardian Trust will not redeem units during the clearance period.

I/We indemnify and hold Guardian Trust harmless against any claim which I/we may have resulting from conducting my/our business telephonically or by way of fax, and hereby consent to Guardian Trust taking any security precautions it may consider necessary, including magnetic recordings of telephone instructions.

Special instructions

• Authorised signatory  • Date   
(Must correspond with signature on original application form)

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