

PPF Asset Management Limited
 AFSL #229696
 Offices 209 - 210
 20 Convention Centre Place
 South Wharf VIC 3006



Telephone (61 3) 9690 1500
 Facsimile (61 3) 9690 1544
 E-mail funds@ppf.com.au

Redemption Form

PPF Enhanced Income Fund
 PPF Diversified Growth Fund

You must read the attached Product Disclosure Statement dated 1 December 2018 before completing this Redemption Form

A. Investor Details

Investor Number

Contact Telephone Number

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Account Name

B. Redemption Details

Please note the minimum amount you can redeem from each Fund is \$10,000. If your redemption request results in the current value of your remaining unitholding in any one of the Funds being less than \$10,000, then we may treat the request as being for all of your Units in that Fund.

Please redeem my/our TOTAL investment in the Funds

Please redeem only PART of my/our total investment in the Funds as detailed below:

Please make my/our redemption from the following Funds:

If you wish to withdraw the full amount, please write "FULL".

Fund	Amount	Dollars	OR	Units
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>

C. Payment Instructions

Please choose one or more of the payment alternatives below by ticking the box(es).

For your protection, PPF Asset Management will not accept facsimile or email requests for cheques made payable to third parties or for direct credit to an account which has not been previously nominated by the investor.

(i) Please pay proceeds of redemption by Direct Credit

(ii) Please pay proceeds of redemption by Cheque

(i) DIRECT CREDIT TO THE ACCOUNT DETAILED BELOW:

Financial Institution

Branch Name/Suburb

Account Name

Branch (BSB) Number

Account Number

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C. Payment Instructions (continued)

(ii) CHEQUE VIA MAIL DETAILED BELOW:

Account holder cheque
 Cheque in favour of account holder(s) to be mailed to the address given below: \$

Third party cheque(s)
 Cheque in favour of the following third party(s) to be mailed to the address given below:

Please note we can only send third party cheques if the original Redemption Form is mailed - it cannot be faxed or emailed

Payee \$

Payee \$

Street/Unit/PO Box Number Street

Account Designation e.g. Superannuation Fund State Postcode

Contact Name

D. Declaration and Signatures

I/We hereby agree to be bound by the provisions of this Product Disclosure Statement/s (and any amendments or updates) and the terms of the applicable Constitution/s. I/We hereby declare that I/we have received and carefully read a copy of the current Product Disclosure Statement/s for the Funds.

I/We declare that all the details in this Redemption Form are true and correct.

Signature

Name

Date

Signature

Name

Date

Investor type:

Individual
 Director/Secretary
 Partner
 Trustee

Investor type:

Individual
 Director/Secretary
 Partner
 Trustee

Note: Joint applications must be signed by both applicants. Company applications must be signed by a director or where applicable, two directors or a director and the secretary.

Please return your completed Application for Investment Form to:

PPF Asset Management Limited
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