

REDEMPTION REQUEST

As each individual's circumstances are different, Aurora strongly encourages you to seek advice from your own financial adviser, accountant or tax adviser regarding the implications of redeeming your investment.

YOUR DETAILS - FULL NAME OF THE REGISTERED UNIT HOLDER

Name of the holding in which the Units are Registered
 Holder 1 / Holder 2 / Account

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Security Holder Number (SRN) or Holder Identification Number (HIN)

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CONTACT DETAILS

Unit Holder's Registered Address

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City/Suburb/Town

State

Postcode

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Contact Name

Telephone - Business Hours

Telephone - After Hours

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REDEMPTION DETAILS

Redemption Amount in Words (minimum of 100 Units)

In Numbers (Units)

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PAYMENT DETAILS

Payment is expected to be forwarded to you within 15 working days after your Redemption request has been processed. A cheque will be forwarded to your registered postal address or the funds may be directly credited to the nominated bank account recorded by Boardroom Limited.

Office use only

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Declaration: I/We the Registered holder(s) hereby agree this redemption is governed by the Aurora Dividend Income Trust PDS and the conditions contained therein, and acknowledge that Units will be redeemed at the current Redemption Price subject to the associated redemption costs.

I/We acknowledge that Aurora Funds Management Limited ("Aurora") have not provided advice to me/us in relation to this redemption.

Unit Holder 1

Unit Holder 2

Unit Holder 3

Date

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Sole Director/Sole Company Secretary

Director

Director/Company Secretary