

REDEMPTION REQUEST FORM

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

Online Form: Additional investment requests can also be lodged via online https://investor.automic.com.au/#/home.

Investor Details					
Holder (SRN) Number					
Investor name					
(For Funds/Trusts) Trustee name					
Fund Information					
Please accept this redemption request with respect to my/our investment in the below Fund(s):					
Fund Name	Amount in \$		Units		Entire Investment
Firetrail S3 Global Opportunities Fund (Managed Fund)		OR			
Firetrail S3 Global Opportunities Fund (Hedged)					
If your withdrawal request would result in your investment balance being less than the Fund's minimum investment balance, we may treat your withdrawal request as being for your entire investment.					
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 instructi	ions are required to	be sent p	rior to your redem _l	otion req	uest.

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

Authorisations

the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.

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 Full Name Capacity: (e.g. director, trustee)

I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and Additional Information to the PDS

Post:

Firetrail Investments Pty Limited c/- Automic Group GPO Box 2629 SYDNEY NSW 2001

Online:

Alternatively, you may find submit your redemption request by logging onto your investor portal at https://investor.automic.com.au/#/home

Contact the registry

Email: Firetrail@automicgroup.com.au

Phone 1300 902 587

International: +61 2 7208 4521