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Enquiries email: clientservice@pengana.com
Transactions email: transact@pengana.com



Repurchase request form

Pengana Capital Limited (ABN: 30 103 800 568, AFSL: 226566)

Please use this form if you are an existing investor in one of the below funds and wish to make a repurchase.

Step 1 Please complete all sections in block capitals and using a black pen. If you make an error while completing this form,do not use correction fluid. Cross out your mistakes and initial your changes.

Please double check that you have done the following:

- · written your account number and account name as it appears on your latest periodic or transaction statements
- written which fund this instruction applies to
- written the amount in either Australian dollars or units if you are only making a partial repurchase
- provided your bank account details
- signed the form as per the 'Signing instructions' in section 4.

Step 2 Send your repurchase request to us.

You can return your forms by post, fax or email according to the details below:

Send by post:

Pengana Capital Group GPO Box 804 MELBOURNE VIC 3001

Fax forms to: +61 2 8278 7408

Scan and email to: transact@pengana.com

1. INVESTOR DETAILS			
Account number			
Account name			
2. REPURCHASE DETAILS			
Please indicate if you are making a full repurchase or a partial rep	urahasa		
If you are making a partial repurchase please specify the number we currently require a minimum balance of AUD\$20,000. If your b we will be unable to process your request.	of units or dollar amount you		
Fund names	Partial redemption		Full
	AUD\$	Units	redemption
Pengana Australian Equities Fund			
Pengana Emerging Companies Fund			
3. PAYMENT OF PROCEEDS			
Repurchase proceeds will be paid into the bank account below who below, we will make payments to the bank account you have previous into third party bank accounts. There may be a delay in fine	ously provided. To avoid fraud	ulent requests we will not n	nake any pay-
Australian bank account details			
Please provide your bank account details if you have selected to t redemptions. We will only pay cash proceeds to a bank account in party bank accounts.			
Financial institution name	Branch name		
Account name			
DOD courts or	0		
BSB number	Account number		
Bank account name (cannot be a third party account)			
Foreign bank account details			
	(1) (2)		
	nt the investorist. We will not m		
We will only pay cash proceeds to a bank account in the name(s) accounts.	or the invector(e). We will not h	nake any payments into th	ird party bank
	Financial institution add		ird party bank
accounts.			ird party bank

SWIFT/BIC	ABA/FED (US)
IBAN (Europe)	
Due to the complexity of foreign bank accounts, we may need to co	ntact you for more information.
4. DECLARATIONS & ACKNOWLEDGMENTS	
By signing this form I/we agree that OneVue and the unit registry a instructions supersede and have priority over all previous instruction	e entitle to act on the instructions, without further enquiry and these ns in respect to my/our investment.
Who needs to sign this form?	
Individual - where the investment is in one name, the account hold	er must sign.
Joint Holding - where the investment is in more than one name, all	of the account holders must sign.
company (pursuant to section 204A of the Corporations Act 2001)	e sole company secretary, this form must be signed by that person. If the does not have a company secretary, a sole director can also sign alone. another director or a company secretary. Please indicate the capacity in
Trust - the trustee(s) must sign this form. Trustee(s) signing on behasuch designated powers and authority under the trust deed.	If of the trust confirm that the trustee(s) is/are acting in accordance with
	orney with us, please attach a certified copy of the Power of Attorney ceptance and Certified Identification Document of the Power of Attorney. voked and that the Donor is still living.
5. SIGNATURE(S)	
Signature of investor 1, director or authorised signatory	Signature of investor 2, director/company secretary or authorised signatory
Signature	
	Signature
	Signature
Given name(s)	Signature Given name(s)
Given name(s)	
Given name(s) Surname	
	Given name(s)
	Given name(s)
Surname	Given name(s) Surname
Surname Date (DD/MM/YYYY)	Given name(s) Surname Date (DD/MM/YYYY)
Surname Date (DD/MM/YYYY) Company officer (please indicate company capacity)	Given name(s) Surname Date (DD/MM/YYYY) Company officer (please indicate company capacity)