

REDEMPTION REQUEST FORM

Online Form: Redemption requests can also be lodged via the online [Investor Portal](#).

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

Investor Details

Investor number (eight-digit number) _____

Investor 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
Hyperion Australian Growth Companies Fund		OR		OR	<input type="checkbox"/>
Hyperion Small Growth Companies Fund		OR		OR	<input type="checkbox"/>

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 instructions are required to be sent **prior** to your redemption request.

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

Authorisations

I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and Additional Information to the PDS to which this request applies. *Please ensure that this form is signed according to the authority assigned to the account.*

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

Date ____/____/____

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

Date ____/____/____

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Authorisations (continued)

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

Date ____/____/____

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

Date ____/____/____

Post:

Hyperion Asset Management Limited
c/- Citi Unit Registry Australia
GPO Box 764
Melbourne VIC 3001

Fax:

[Fund Name] [Investor Name]
c/- Citi Unit Registry Australia
+61 1300 102 151