

REDEMPTION REQUEST FORM

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					
Account name:					
Account No.:					
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
Resolution Capital Global Property Securities Fund		OR		OR	<input type="checkbox"/>
Resolution Capital Core Plus Property Securities Fund		OR		OR	<input type="checkbox"/>
Resolution Capital Global Property Securities Fund – Series II		OR		OR	<input type="checkbox"/>
Resolution Capital Global Property Securities Fund (Unhedged) – Series II		OR		OR	<input type="checkbox"/>
Resolution Capital Core Plus Property Securities Fund – Series II		OR		OR	<input type="checkbox"/>
Minimum withdrawal value is \$5,000 per Fund and minimum remaining balance is \$25,000 per Fund. 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:					
<input type="checkbox"/> - the details you hold in my records; OR <input type="checkbox"/> - the following account details*:					
Bank:					
Account Name:					
BSB No.:		Account No.:			
*Your bank account details for future distributions and withdrawals will be updated accordingly.					
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’.					

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Authorisation

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: _____

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: _____

Date: ____/____/____

Full Name: _____

Capacity (e.g. director, trustee): _____

Post or fax completed Redemption Request Form to:

Post:

[Fund Name]
C/- RBC Investor Services Trust – Registry Operations
GPO Box 4471
SYDNEY NSW 2001

Fax:

[Fund Name]
C/- RBC Investor Services Trust – Registry Operations
+61 2 8262 5492