Redemption request

Integral Master Trust

NZ Britannia
RETIRE BETTER

This form is used to request a redemption of Units from your investment in the Integral Master Trust funds.
You can either complete **Section 3** (Redemption request) or **Section 4** (Express redemption facility), not both.

1. Investor details

Name of investor(s):

Investor number(s): NZB NZB

☐ I/We have provided my/our identity and proof of address for verification.

2. Reason for withdrawal

Reason for withdrawal*

*Please note this information is requested solely in relation to Lifetime Asset Management's Anti-Money Laundering obligations.

3. Redemption request

Please make the following redemption from my/our investment in the Integral Master Trust funds:

Fund	Gross amount[1]		Net amount[2]			Notes / Account ref
Defensive Fund	$	OR	$	OR	☐ Total units	
Diversified 40 Fund	$	OR	$	OR	☐ Total units	
Diversified 60 Fund	$	OR	$	OR	☐ Total units	
Global Equities Fund	$	OR	$	OR	☐ Total units	
Tailored Manager Fund	$	OR	$	OR	☐ Total units	

[1] This is the value of the units that will be redeemed, and you will receive less than this amount in your bank account due to PIE tax.
[2] This is the amount which will be paid into your bank account. The value of the Units redeemed will be higher than this amount due to PIE tax.

4. Express redemption facility

☐ **Redeem a dollar amount using the express redemption facility**

Fund	Net amount[3]	Notes / Account ref
Defensive Fund	$	
Diversified 40 Fund	$	
Diversified 60 Fund	$	
Global Equities Fund	$	
Tailored Manager Fund	$	

[3] Amount must be less than $50,000 where the redemption amount requested is less than 50 percent of the total value of your investment. This is the amount you will receive in your bank account. The value of the units that will be redeemed will be higher than this amount due to PIE tax, and an Express Redemption Fee of $20 or any costs incurred from irregular client instructions (e.g., bank fees and FX spreads).

5. Regular redemption

I/We wish to set up a regular redemption from my/our investment:
(Lifetime Asset Management will credit your withdrawal amount to your nominated bank account around the 15th of each month.)

☐ No ☐ Yes

☐ Net ☐ Gross of (before) PIE tax - this is the value of the total units that will be redeemed

Redemption amount: $ Start date: 15 /

Bank account details for redemptions:

Account name:

Account number:

Bank	Branch	Account number	Suffix

You will need to provide a bank account in your name to be recorded on your account for any future withdrawals.

We will require proof of this account (e.g. a bank statement or screenshot from online banking).

You may receive a phone call from our administration team to confirm this account.

Frequency: ☐ Two-weekly* ☐ Monthly (default) ☐ Quarterly ☐ Half yearly ☐ Yearly

*Two-weekly payments will be made in-line with NZ Super dates.

Fund	Amount	Minimum redemption	Notes / Account ref
Defensive Fund	$	Minimum $250	
Diversified 40 Fund	$	Minimum $250	
Diversified 60 Fund	$	Minimum $250	
Global Equities Fund	$	Minimum $250	
Tailored Manager Fund	$	Minimum $250	
TOTAL (must equal redemption amount above)	**$**		

I/We wish to change the amount of my/our existing regular redemption. ☐ No ☐ Yes
(Enter the new amount(s) above and complete effective from date below)

I/We wish to cancel our existing regular redemption. ☐ No ☐ Yes
(Complete effective from date below)

☐ Effective immediately OR Effective from: 15 /

6. Payment instructions

Bank account details:

Account name:

Account number: Bank | Branch | Account number | Suffix

You will need to provide a bank account in your name to be recorded on youraccount for any future withdrawals.

We will require proof of this account (e.g. a bank statement or screenshot from online banking).

You may receive a phone call from our administration team to confirm this account.

For payments made to an overseas bank account, would you like payment to be made in your local currency via our Foreign Exchange Dealer? ☐ No ☐ Yes

7. Authorisation

I/we understand that if my/our redemption request is accepted by the Manager prior to noon (NZ time) it will be processed at the price applicable for the day it is received, but if it is accepted after this time it will be processed at the next day's redemption price.

I/we understand that I/we will generally receive the proceeds of this redemption within 10 days, although this may take up to 60 days in some circumstances.

If I/we have requested an express redemption I/we agree to payment of a $20 fee to the relevant fund.

I/we understand that the Manager may refuse to process my/our redemption using the express redemption facility or may process the redemption for a lesser amount than requested, at its absolute discretion and does not have to provide a reason. I/we understand that in this case the application, or the remainder of the application, will be processed using the standard redemption process and I/we will not be charged a fee.

I/we understand that unless a full withdrawal is being made I/we must maintain a minimum investment of $1,000 in each Fund. The Manager may refuse to give effect to this withdrawal instruction if a partial withdrawal request would result in a breach of that requirement.I/we agree to be bound by the conditions of the current Product Disclosure Statement and Trust Deeds of the relevant fund.

I/we understand that under the Privacy Act 2020 I/we have the right to access all my/our personal information held by you the Manager, and if any information held by you is incorrect I/we have the right to have it corrected.

I/we consent to Lifetime Asset Management using the information I/we supply to verify my/our identity in accordance with the requirements of the Anti-Money Laundering and Countering Financing Terrorism Act 2009, including electronically verifying my/our identity and address. Lifetime Asset Management may disclose the information to parties Lifetime Asset Management considers to be appropriate for this, including my adviser.

Signature of applicant, trustee or director:		Date:	
Name:			
Signature of applicant, trustee or director:		Date:	
Name:			
Signature of applicant, trustee or director:		Date:	
Name:			
Signature of applicant, trustee or director:		Date:	
Name:			

Please return this form to your adviser.