


## REDEMPTION FORM

### Lillywhite 7 Rock, Multi-Asset Global Flexible Fund

Reference no.: \_\_\_\_\_ (reference number from the subscription form)

PLEASE USE CAPITAL LETTERS AND TICK WHERE NECESSARY!

INVESTOR	AUTHORIZED PERSON/LEGAL REPRESENTATIVE
<input type="checkbox"/> Natural person <input type="checkbox"/> Legal Person <input type="checkbox"/> RS Resident <input type="checkbox"/> EU Resident <input type="checkbox"/> Non-resident	<input type="checkbox"/> Natural person <input type="checkbox"/> Legal Person <input type="checkbox"/> RS Resident <input type="checkbox"/> EU Resident <input type="checkbox"/> Non-resident
Identification/Registration number:	Identification/Registration number:
Tax number: Tax office:	Tax number: Tax office:
Name and Surname / Firm: <input type="checkbox"/> M <input type="checkbox"/> F	Name and Surname / Firm: <input type="checkbox"/> M <input type="checkbox"/> F
Permanent residence / Registered address:	Permanent residence / Registered address:
ZIP code, City: Country:	ZIP code, City: Country:
Date of birth: Place of birth:	Date of birth: Place of birth:
Personal identification document (type): No.:	Personal identification document (type): No.:
Issued by: Valid until:	Issued by: Valid until:
Investor's activity:	Investor's activity:
Reason for establishment of a lasting business relationship:	Reason for establishment of a lasting business relationship:
Telephone no.:	Telephone no.:
E-mail:	E-mail:
Account (or IBAN) no.:	<input type="checkbox"/> Fiduciary <input type="checkbox"/> acting on my own behalf and on my own account
Name of the bank: SWIFT:	<input type="checkbox"/> acting on my own behalf and on other account
<b>MAILING ADDRESS</b>	Primorski skladi, Upravljanje z investicijskimi skladi, d.o.o., Koper Pristaniška ulica 12, SI - 6000 Koper, Slovenia T:+386 (05) 663 31 50, F:+386 (05) 663 31 31 info@primorski-skladi.si, www.primorski-skladi.si 
Name and Surname / Firm:	
Address:	
ZIP code, City:	

#### STATEMENT/CONSENT/AUTHORIZATION BY INVESTOR

The undersigned investor, his authorized person or legal representative, hereby certify that the personal information indicated in the Redemption Request is complete and accurate. If they differ from the data stored in the book of investors, I allow an adequate supplement or correction of the data.

The undersigned investor, his authorized person or legal representative require that the redemption value of the investment coupons of the mutual fund are to be paid to the above-mentioned personal account, namely, to be paid:

\_\_\_\_\_ the amount of money equal to the number of units of assets (in GBP);

\_\_\_\_\_ the number of units of assets that are the subject of request (units).

\_\_\_\_\_  
 Name and Surname of Authorized Representative

\_\_\_\_\_  
 Place and Date

\_\_\_\_\_  
 Signature of Investor / Proxy  
 Seal of a Legal Person

\_\_\_\_\_  
 Signature of Authorized Representative

#### STATEMENT BY ADVISOR

The undersigned adviser (person who has performed a review of the investor), declare that I have completed the identification and performed risk analysis of the indicated investor, and in accordance with the criteria of the Guidelines for the prevention of money laundering and terrorist financing, issued by the Securities Market Agency, made the following risk assessment (tick mark):

Extremely high-risk client  High-risk client  Medium (average) risk client  Negligible risk client

and that prior to accession to the rules of management of the mutual fund an adequate review of the investor was carried out, in accordance with the Prevention of Money Laundering and Terrorist Financing Act (Official Gazette of RS, No. 60/07, as amended), the Securities Market Agency Guidelines for the prevention of money laundering and terrorist financing, and risk assessment (also applies to a proxy, representative and/or a fiduciary).

Use of Statement of performed identification

The undersigned adviser declare that the personal information of the investor (or his legal representative/proxy) which are indicated in their personal identification document, are identical to the information stated in this Redemption Request, and that the investor owns a personal bank account and account number as indicated in this Redemption Request, which I have found out by looking at his personal identification document, tax number certificate and bank certificate or his bank card.

\_\_\_\_\_  
 Subscription Site (Seal)

\_\_\_\_\_  
 Name and Surname of Adviser

\_\_\_\_\_  
 Signature of Adviser

Primorski skladi, Upravljanje z investicijskimi skladi, d.o.o.,  
 Koper

#### To be completed by Primorski skladi, Upravljanje z investicijskimi skladi, d.o.o.

Request received:  personally  by fax  by mail  by e-mail

Date of receipt of request Date of receipt of request Signature of responsible person who received request Date of redemption Signature of responsible person who performed redemption