



# REDEMPTION REQUEST FORM

JANA ALTERNATIVES TRUST

APIR: CHN2721AU

Class A Units

Channel Investment Management Limited ACN : 163 234 240 AFSL:439007

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.

If you require any information regarding your investments, please contact: [clientservices@ciml.com.au](mailto:clientservices@ciml.com.au)

## Important Information:

Redemptions from the Trust must be made via a written notice lodged with CIML at least 50 Business Days prior to the last Calendar Day of each month or more frequently as determined by CIML (referred to as the Redemption Dealing Day). Redemption proceeds will be paid within 21 Calendar Days after the relevant Redemption Dealing Day. In certain circumstances, the Trustee may enforce a Redemption Gate for amounts exceeding 25% of each investor's existing unitholding. Post the implementation of a Redemption Gate, any of the investor's remaining Units which were not able to be redeemed would be subject to future Redemption Dealing Days as prescribed by the Trust's redemption process.

Please note, it is expected that the Trustee will only initiate a Redemption Gate in unusual circumstances and for the overriding benefit of all existing investors within the Trust.

## Section 1. Redemption Request

Investor Reference Number

Full name(s) of Registered Holding

## Section 2. Sign Here

This section must be signed for your instructions to be executed.

I/We authorise you to act in accordance with my/our instructions set out below. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our investment.

Is this a full redemption?  No  If no, please state units:

OR Amount

Investor 1

Name Date  /  /

Director  Sole Director / Company Secretary

Trustee  Other

Investor 2

Name Date  /  /

Director  Sole Director / Company Secretary

Trustee  Other

## Return form



If you have any questions in relation to this form, please call  
**CIML Client Services** on **1800 940 599**



Please complete this form and return to:  
**[clientservices@ciml.com.au](mailto:clientservices@ciml.com.au)**



Post to:  
**CIML Client Services**  
GPO Box 206, Brisbane, QLD 4001