

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

Investor Name _____

Investor Number _____

REDEMPTION DETAILS

This Redemption Request form is for the purposes of a redemption of Class B – Retail Units (**Units**) in the La Trobe US Private Credit Fund (**Fund**) in accordance with the Product Disclosure Statement for the Fund.

Is this a full redemption? Yes No

If 'No', please specify:

the number of Units you wish to redeem: _____ **OR** the dollar amount you wish to redeem:* \$ _____

*This amount will be rounded up (if required) to the nearest number of Units.

Reason for redemption:

Funds will be paid to your nominated bank account.

IMPORTANT NOTE:

- As a security measure, we are unable to process any redemptions until these details have been verbally confirmed.
- Where a redemption request exceeds 5% of the outstanding Units, the request may be scaled back to 5% of the outstanding Units or such other amount on a pro rata basis as determined by the Responsible Entity. If this occurs the Responsible Entity will notify the Unitholder that the redemption request cannot be satisfied, as soon as reasonably practicable after the Responsible Entity becomes aware that it is unable to do so. Requests not accepted by the Responsible Entity or which was scaled back will be taken to be a redemption request in respect of the following quarter, except where the redemption request has been placed by an Investment Platform, in which case the unmet portions of any redemption request will be cancelled.
- As set out in the Product Disclosure Statement for the Fund, the redemption price of a Unit will be calculated on the basis of the net asset value per Unit as at the pricing date occurring at the end of the quarter end, less any applicable transaction costs calculated on the date of the redemption.

INVESTOR/AUTHORISED SIGNATORIES

Signature _____

Full name _____

Date _____

Capacity to execute:

- Investor Director Investor Representative
 Power of Attorney Trustee

Signature _____

Full name _____

Date _____

Capacity to execute:

- Investor Director Investor Representative
 Power of Attorney Trustee

RETURN COMPLETED, SIGNED FORM TO:
La Trobe US Private Credit Fund
GPO Box 5193
Sydney NSW 2000

ENQUIRIES:
 Email: **investor@latrobefinancial.com.au**
 Toll Free: **1800 818 818**