

FUND REDEMPTION FORM

To: GF SECURITIES (HONG KONG) BROKERAGE LIMITED (the "Company")

Client Particulars * "✓" where appropriate

Client Name		Account Number	
<input type="checkbox"/> *Business Registration No.	<input type="checkbox"/> ID No.	<input type="checkbox"/> Other Identity No.	

Redemption Details * "✓" where appropriate ^ Please input "ALL" for redeeming all units

Please redeem the following fund (the "Fund") on my/our behalf:

Name of Fund(s)	ISIN	Currency		Redemption Amount		Redemption Unit(s)^
			<input type="checkbox"/>		OR	
					<input type="checkbox"/>	

Declaration by the Client

1. I/We understand that my/our application for redemption may result in the overall risk rating of my/our invested Fund(s) exceeding my/our risk aptitude level as indicated in the last Risk Profile Questionnaire signed by me/us. Nevertheless, I/we agree to proceed with my/our application for redemption and declare that I/we have made this decision based on my/our own judgment.
 2. I/ we are aware that in accordance with the Fund's anti-money laundering (AML) obligations, requests for transfer or payment of redemption proceeds will not be effected until all outstanding information and identification documents are provided. None of the Company, the Manager, the Administrator or their agents accepts any responsibility for any loss caused as a result of any such delay for refusal to process transfer requests or effect payment of redemption proceeds (as the case may be) and claims for payment of interest due to such delays are not accepted.
 3. I/We note that partial redemptions may be effected subject to any minimum redemption amount for each class of Units of a Sub-Fund in the relevant Explanatory Memorandum of the Fund.
 4. I/We understand that the price of units and the income from the units can go down as well as up, and in certain circumstances the investor's right to redeem may be restricted.
 5. This form may be submitted by facsimile provided the original follow promptly. I/We understand that, no responsibility is accepted by the Company for any loss caused as a result of non-receipt or illegality of any request sent by facsimile or for any loss caused in respect of any action taken as a consequence of such facsimile instruction believed in good faith to have originated from properly authorized persons.
 6. I/We understand that redemption orders received by the Company on a non-dealing day or after dealing cut-off time (i.e. 3 pm of every dealing day) or such other cut-off time specified by the Company will only be processed on the next dealing day.
 7. I/We understand that all instructions given shall not be amended, rescinded or withdrawn unless the consent is obtained from the Company.
- (if applicable)** I/We confirm that I/we make my/our own decision with respect to this order independently, the Company does not solicit or recommend the Product. I/We also confirm that I/we have knowledge of derivatives **(ONLY applicable for execution-only order, leave blank otherwise)** "✓" where appropriate
- (if applicable)** Although I/we do not have knowledge of derivatives, I/we confirm that the Company has warned me/us about the Product and, having regard to the information about me/us of which the Company is or should be aware through the exercise of due diligence, particularly the fact that I/we is/are (a) client(s) without knowledge of derivatives, I/we confirm that the Company has provided appropriate advice to me/us as to whether or not the transaction is suitable for me/us in all the circumstances, and accept my/our suitability in investing in the Product. **(ONLY applicable for execution-only order AND for the investor(s) who do not have knowledge of derivatives, leave blank otherwise)** "✓" where appropriate

<div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 60px; margin: 0 auto; padding: 5px;">S.V.</div> Client Signature _____	Date _____
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To Be Completed by GF Securities (Hong Kong) Brokerage Limited's Representative

I confirm that I have verbally invited in Chinese or English as preferred by the applicant(s) to read the above sales related information, explain Risk Disclosure Statement and invite the applicant(s) to ask questions about the content of such information and, if needed, seek independent advice.

Signature of Licensed Representative	Date	Extension
Name of Licensed Representative	CE Number of Licensed Representative	

For Internal Use Only * "✓" where appropriate

Checker	Approved by:	Date:
Settlement Department	Approved by:	Date:
Responsible Officer Approval Required*:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by:
		Date: