

# OneShare Plc (the “Fund”) Redemption Form

Please complete this form in blue or black ink using BLOCK CAPITALS.

OneShare Plc  
C/o Northern Trust International Fund Administration Services (Ireland) Limited  
Investor Services Department  
George’s Court  
54-62 Townsend Street  
Dublin 2, Ireland  
Telephone: +353 1434 5127  
Facsimile: +353 1434 5247

## REGISTERED INFORMATION

Registered Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Your Company Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## DEAL INSTRUCTIONS

Amount to be redeemed \_\_\_\_\_ Number of Shares \_\_\_\_\_  
Amount in words \_\_\_\_\_  
Name of Sub-Fund \_\_\_\_\_  
Share Class \_\_\_\_\_

## BANK ACCOUNT DETAILS

(Where the below bank account instructions differ from those held on file by the Administrator, an original, signed copy of the new instructions together with a bank statement or banker’s reference must be received by the Administrator in advance of the remittance of redemption proceeds).

Bank Name \_\_\_\_\_  
Bank Address \_\_\_\_\_  
Sort Code \_\_\_\_\_ ABA \_\_\_\_\_  
Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
IBAN Number \_\_\_\_\_  
Correspondent Bank & Swift Code Name \_\_\_\_\_  
Swift Code \_\_\_\_\_

## F.F.C. to

Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_

## PLEASE NOTE

- I/We confirm that I/we have the authority to make this redemption request.
- I/We hereby agree to indemnify and hold harmless the Administrator on its own behalf and as agent for the Fund and its respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Fund or the Administrator.

The Administrator will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed by the Administrator to be genuine.

**Authorised Signatories**

**Print Name**

Signatory 1 \_\_\_\_\_

\_\_\_\_\_

Signatory 2 \_\_\_\_\_

\_\_\_\_\_

Signatory 3 \_\_\_\_\_

\_\_\_\_\_

Signatory 4 \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_