

## REDEMPTION REQUEST FORM

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Please complete this form and return to Investor Relations: Email: [is@trezcapital.com](mailto:is@trezcapital.com) or Mail: 1700-745 Thurlow Street, Vancouver, BC, V6E 0C5.

Name: \_\_\_\_\_

Registered Account Holder (if different): \_\_\_\_\_

I, the undersigned, hereby request redemption of units held in Trez Capital Yield Trust as follows:

<b>Full Redemption</b>	<input type="checkbox"/>	
<b>Partial Redemption</b>	<input type="checkbox"/>	<b>Amount (Units/\$):</b>

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**Please note:**

*Redemptions must be not less than \$5,000 unless it is a Full Redemption.*

*A 1% penalty will be incurred on units redeemed which have been held for less than 12 months.*

*Allow 20 business days from date of receipt of this instruction for your request to be processed. A redemption cheque will be issued to the registered address of the account holder unless otherwise instructed.*

*Only units held at the month end date are eligible for the monthly dividend. Redemption date is deemed 20 business days after receipt of the Redemption Request Form.*

*For full terms and conditions please refer to the Offering Memorandum.*

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**FOR OFFICE USE ONLY**

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

Redemption Penalty: \_\_\_\_\_

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