

REDEMPTION FORM AESCAP GENETICS FUND

To: **IQ-EQ Financial Services B.V.**
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1101 BA Amsterdam
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(with in cc: pkrol@aescap.com and fundmanagement@priviumfund.com)
Fax: + 31 20 5222 500
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Dear Sir, Madam,

The undersigned, _____ (name Unit Holder).

We kindly request you, as per the next date available therefore under the Prospectus of Aescap Genetics (the “**Prospectus**”):

- (a) to redeem all Aescap Genetics Management / Aescap Genetics Investors / Aescap Genetics Investors 10M+ / Aescap Genetics Investors 20M+ / Aescap Genetics Investors 30M+ held by the undersigned.*
- (b) to redeem the following number of Aescap Genetics Management / Aescap Genetics Investors / Aescap Genetics Investors 10M+ / Aescap Genetics Investors 20M+ / Aescap Genetics Investors 30M+ held by the undersigned: _____ (number).*
- (c) to redeem for a sum of EUR _____ (amount).*

I hereby declare that I wish to redeem my units in Aescap Genetics and I am requesting this with the number of Units, up to 4 decimals. Redemption is allowed subject to the rules and regulations as stipulated in the Prospectus. Partial redemptions are allowed up to a minimum holding of €100.000. This minimum can be lowered to EUR 10,000 for the Aescap Genetics Investors Unit Holders Unit Class. This would exclusively be for the clients of wealth managers or private banks who have an executed discretionary portfolio management agreement or investment advisory services agreement with the wealth manager, family office or private bank, as the investment decision to invest in the Aescap Genetics is taken by or advised by the wealth manager, family office or private bank. Additionally, for family members (being defined as first and second degree relatives) of existing Unit Holders, subscription amounts below EUR 100,000 can be accepted as well.

Redemption will be offset by an anti-dilution levy of 0.05%.

The Legal Owner shall pay such amount in accordance with the provisions of the Fund Documents to the undersigned by transferring to the bank account set forth in the Subscription Form of the undersigned.

Please note that as part of compliance with CDD requirements, the Administrator and/or the Fund Manager may require certain (additional or updated) CDD documentation to be provided before a redemption sum can be paid.

Yours faithfully,

UNIT HOLDER

By :

Title:

Date:

By :

Title:

Date:

* please strike through as applicable and complete information if applicable