AFFIX BROKER STAMP HERE

BOSL Global Investment Fund

SHARE REDEMPTION FORM

Please fill in the information where applicable below and indicate correctness and acceptance by signing in the space(s) provided.

*** Denotes required information.**

To: BOSL Global Investment Fund Limited
#1 Bridge Street
P. O Box 1860, Castries
Saint Lucia
Email: info@boslglobalinvestmentfund.com

Dear Managers,

I/We hereby request the redemption of my/our shares in the BOSL GLOBAL Investment Fund Limited (sub **fund** and **series**) in accordance with the information outlined herein, and the terms and conditions of redemption as detailed in the Offering Memorandum and respective supplement.

I/We understand my/our request for Redemption of Shares must be received by the **Administrator** on the **Valuation Date** by **12:00 PM**, of the intended date of the share redemption.

A. PRIVACY & CONSENT

In requesting a redemption of your units in the BOSL Global Investment Fund Limited, you acknowledge that BOSL Fund Management Company (BFMC), as Fund Manager, is likely to collect and use some of your personal and non-personal information including details about your transactions, your financial statuses, your account relationship with BFMC and/or your account(s) (referred to collectively as "**Information**" or "**Data**") as explained in your application for the **Collective Investment Scheme** (**The Services**).

B. DETAILS OF SHAREHOLDER REDEMPTION REQUEST (Please fill-in this section if you are an ***Individual*** or a ***Registered*** entity)

B.1 *Shareholder Personal Details

* Shareholder Type: ☐ INDIVIDUAL ☐ BUSINESS/ENTITY

*Full Name: _____

Individuals = First, Middle, Surname **Businesses/Entity** = Registered Name

B.2 *Fund Details

*Account #: _____ *Fund Type: ☐ BOSL GLOBAL GROWTH FUND ☐ BOSL GLOBAL BALANCED FUND ☐ BOSL GLOBAL INCOME FUND

*Series Type: ☐ A ☐ I ☐ R

B.3 *Redemption Option (Please select **only 1** of the options below)

☐ NUMBER OF SHARES TO BE REDEEMED AT NET ASSET VALUE ON THE REDEMPTION DATE: _____

☐ REDEEM SUFFICIENT SHARES, INCLUSIVE OF ANY APPLICABLE FEES, TO REALIZE THE AMOUNT OF **USD**: **$** _____

AFFIX BROKER STAMP HERE

BOSL Global Investment Fund

SHARE REDEMPTION FORM

Please fill in the information where applicable below and indicate correctness and acceptance by signing in the space(s) provided.

C. PAYMENT DETAILS TO REMIT FUNDS (Funds will be remitted only in keeping with the payment information in **our** records. If your payment information has changed, please fill out our **information update** form and submit it along with this form.)

C.1 *Redeem via: (Please select **only 1** of the options below**)**

☐ **Wire Transfer:** Please fill in the information below pertaining to your **beneficiary bank** and the **intermediary bank** (*if applicable*).

Beneficiary Bank's Information: *SWIFT Code/ABA/Routing/IBAN: _____

*Name: _____ *Street Address: _____

*City: _____ *Country: _____

Intermediary Bank's Information: *SWIFT Code/ABA/Routing/IBAN: _____

*Name: _____ *City: _____

☑ **Eastern Caribbean Automated Clearing House (ECACH):** Please fill in the information below pertaining to your **beneficiary bank**.

*Name: _____ *Routing #: _____

*Account #: _____ *Account Type: ☐ SAVINGS ☐ CHECKING

I/we hereby certify that the information provided above is true, accurate, and complete and I/we have read, understood, and by my/our signature(s) hereunder agree to be bound by the **The Prospectus** governing this investment held with Bank of Saint Lucia Limited.

Signatory 1 (Full Name)	Signature	Date (dd/mmmm/yyyy)
Signatory 2 (Full Name)	Signature	Date (dd/mmmm/yyyy)
Signatory 3 (Full Name)	Signature	Date (dd/mmmm/yyyy)
Witness Name	Witness Signature	Date (dd/mmmm/yyyy)

BROKER/FUND ADMINISTRATOR USE ONLY

Received by:	Name	Signature	(dd/mmmm/yyyy)
Authorised by:	Name	Signature	(dd/mmmm/yyyy)
Approved by:	Name	Signature	(dd/mmmm/yyyy)