AFFIX BROKER STAMP HERE

BOSL Global Investment Fund

SHARE EXCHANGE FORM

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

*** Denotes required information.**

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

NOTE: This form is only for exchanges between share classes. All exchanges must meet the requirement in the Fund's prospectus.

A. PRIVACY & CONSENT

In requesting an exchange 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. TRANSACTION REQUEST

B.1 *Shareholder Personal Details

* Shareholder Type: ☐ INDIVIDUAL ☐ BUSINESS/ENTITY

*Full Name: _____

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

B.2 *Exchange Details

From Sub Fund	To Sub Fund	To Sub Fund Account	Units to Transfer	Transfer Quantity/Amount
☐ BOSL GLOBAL BALANCED FUND	☐ BOSL GLOBAL GROWTH FUND	_____	☐ SHARES OR ☐ $ VALUE	_____
*Account #: _____	☐ BOSL GLOBAL INCOME FUND	_____	☐ SHARES OR ☐ $ VALUE	_____
☐ BOSL GLOBAL GROWTH FUND	☐ BOSL GLOBAL BALANCED FUND	_____	☐ SHARES OR ☐ $ VALUE	_____
*Account #: _____	☐ BOSL GLOBAL INCOME FUND	_____	☐ SHARES OR ☐ $ VALUE	_____
☐ BOSL GLOBAL INCOME FUND	☐ BOSL GLOBAL BALANCED FUND	_____	☐ SHARES OR ☐ $ VALUE	_____
*Account #: _____	☐ BOSL GLOBAL GROWTH FUND	_____	☐ SHARES OR ☐ $ VALUE	_____

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I/we have received and read the current prospectus, agree to its terms and understand that by signing below: **(a)** I/we authorize the exchange amount, net of applicable fees, and type specified on this form and **(b)** I understand that my request may be rejected if the information provided above is illegible or incomplete. I/we certify that to the best of my ability all information provided in this form is true and correct.

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)