

Double Income Fund

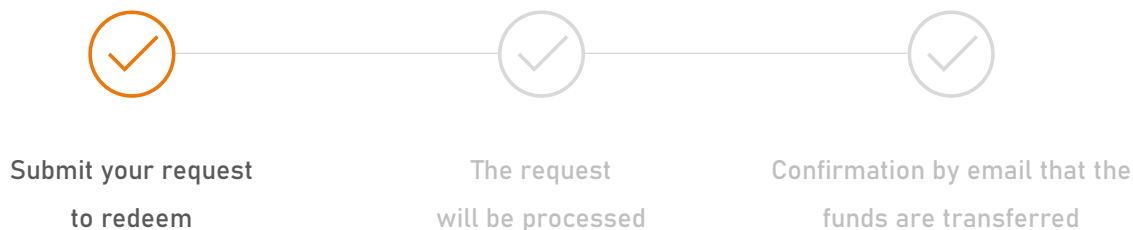
Fund of the Registered Alternative Investment Fund Manager (AIFM) Double Income Management B.V.

Attention! This investment falls outside AFM supervision. No license and no prospectus required for this activity.



Redemption form

Redemption procedure



With this form you can submit a request to redeem from the Double Income Fund. The details in this form are required to process your redemption.



The information in this form will be shared with AssetCare Fund Services, the administrator of the fund. They take care of your redemption and will contact you in case additional information is necessary.

Do you have any questions while completing this form? Please do not hesitate to contact the administrator on [+31 \(0\)20 244 00 92](tel:+31202440092) or info@assetcarefunds.com.

Information about Double Income Fund

The documents below will give you an insight into the characteristics of the fund, such as the redemption procedure. This has been received in an earlier stage during the subscription of your participation in the fund.

Information memorandum



Key Investment Document



Details of participants

Please fill in your details below.

Name

Email address

Phone number

Your redemption request

Please indicate the amount in euros or number of units you wish to redeem in the table below.

What type of redemption do you want to conduct?	Full redemption	Partial redemption
What is the amount or number of units you want to redeem?	€	
	Number of units	

IBAN

Account name

What is the reason that you request to redeem your participation (partly)?

Please include a recent bank statement (including name and address) with the request in case the IBAN is not used before for any deposits to or redemptions from this fund.

Note: the account name must match the name of the participant.



The request to redeem must be received at least five business days prior to a transaction day. The fund's transaction day is on each first business day of the month. You will receive a note with a new statement of your units after the redemption is processed.

Signature

By signing this redemption form you declare:

- that you have completed the redemption form truthfully; and
- to accept the applicability of the Information Memorandum and the Key Information Document (KID).

The information in this form will be used for processing your redemption. We cannot execute the agreement in case your data is incomplete and the documents required (if applicable) for the redemption are missing.

AssetCare Fund Services will use your e-mail address and telephone number to contact you in case the required documents are missing and/or your redemption form is not fully completed.

Date	Date
Name first participant	Name second participant (if applicable)
Signature	Signature

Submit your request to redeem

Please send a signed form to info@assetcarefunds.nl or send it by regular mail to the administrator. Subsequently, your redemption will be processed of which you will be notified by e-mail.



Submit your request
to redeem



The request
will be processed



Confirmation by email that the
funds are transferred

Do you have any questions about your redemption? Please feel free to contact AssetCare Fund Services:



+31 (0) 20 244 00 92

Available each working day from
08:00 to 18:00



info@assetcarefunds.com

Our aim is to answer your email
within 24 hours



AssetCare Fund Services

Eurocenter I, 7th floor
Barbara Strozilaan 310
1083 HN Amsterdam

The Fund Manager and Administrator protect the privacy of its unit holders. All privacy-sensitive information provided to us is subject to the [privacy statement](#). The Fund Manager and Administrator make reasonable efforts to keep this information confidential and to use it only for the purposes described in the [privacy statement](#). The Fund Manager and Administrator work in accordance with the Dutch privacy legislation (AVG). In order to perform a redemption, the Fund Manager and Administrator need some information such as bank account. We may also use these details to keep you, as participant, informed of developments of the redemption or to send you other information which may be of interest. You decide for yourself whether you want to participate. You may change your choice at any time.

The Fund Manager or Administrator will not disclose Unit holders' information to third parties other than the parties listed in the Information Memorandum without permission, unless otherwise required by law.

The Fund Manager and Administrator reserve the right to modify the [privacy statement](#) in the event there are changes in the policy or business operations or in case law or case law warrant it.

In case you have any questions or comments about the [privacy statement](#), please do not hesitate to contact us at info@assetcarefunds.com.