

## Redemption Form

### Personal Information

\_\_\_\_\_  
Last name, first name or company name

\_\_\_\_\_  
Personal ID no./Org. no.

\_\_\_\_\_  
Daytime telephone

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Guardian 1 Last Name, First Name (if applicable)

\_\_\_\_\_  
Personal ID no.

\_\_\_\_\_  
Guardian 2 Last Name, First Name (if applicable)

\_\_\_\_\_  
Personal ID no.

\_\_\_\_\_  
Bank account

\_\_\_\_\_  
Bank name

### Redemption of shares

Fund	Redemption amount/ Nr. of shares	Entire holding (tick, if appl.)
Valbay Nordic Fixed Income Fund		
Valbay Allocation Fund		
Valbay Swedish Equity Fund		
Valbay Nordic Equity Fund		

**Switching of Funds** (in case investments are switched between Funds a redemption occurs, resulting in income taxation)

From Fund	
To Fund	
Amount/Nr. of shares	<input type="checkbox"/> Entire holding (tick, if applicable)

### Signature

I hereby authorize Valbay Kapitalförvaltning AB to execute the above transactions.

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of account holder or guardian

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of account holder or guardian

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of account holder or guardian

\_\_\_\_\_  
Printed name