



Please return this completed form to:

State Street Australia Limited
Attention: Unit Registry
Level 14
420 George Street
SYDNEY NSW 2000
Australia
email: ssaltrading@statestreet.com

Withdrawal Request Form

Account number

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Account name

A Withdrawal instructions

Please enter either the Australian dollar amount or number of units you wish to withdraw below. If you wish to withdraw your full account balance please write 'full redemption'. This request must meet the minimum remaining account balance as set out in each PDS, otherwise your withdrawal request may be rejected.

You should note the times by which Withdrawal requests must be received in order to be processed. Please refer to the relevant PDS for further information.

Fund Name	Withdrawal date	\$Amount	Amount - Units
AQR Wholesale Delta Fund - Class 1F			
AQR Global Risk Premium Trust - Class 1F			
AQR Wholesale Managed Futures Fund - Class 1P			
AQR Style Premia Trust – Class 1P			
Other:			

B Redemption payment method

Please check these bank details carefully as it is your responsibility to ensure all payee account details are correct. Incorrect details may result in a loss of funds and we do not guarantee their recovery. We do not accept liability for funds unable to be recovered. Please tick the applicable box below:

- Pay to the existing bank account held on file
- Pay to the bank account provided below

If you wish this bank account to replace the previously nominated account and be held on record to pay one of the following, please select an option

- Future withdrawal proceeds and/or income distributions.
- Future withdrawal proceeds only (we will keep existing bank details for distributions)
- Income distributions only (we will keep existing details for withdrawals proceeds)

If no option is selected no existing details will be updated. This account must be in the name of the investor. Withdrawal proceeds will not be paid to a third party bank account.

**Section B cont.****Name of financial institution****Account name****BSB** - **Account number**

Please note: You should write the account number exactly as it is shown on your bank statement.

C Declaration and signature

By signing this form, I/we:

- declare that I/we have read and understand the current (and any Supplementary) PDS for the relevant fund(s);
- declare that all details provided in this request form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- (if signing under power of attorney) declare that I/we have not received notice of revocation of that power;
- acknowledge and agree to be bound by the declarations and conditions provided by me/us as outlined in the relevant Application Form attached to the relevant PDS;
- acknowledge that investments in the fund(s) are subject to investment risk. For further information on the risks associated with the fund(s) please refer to the relevant PDS.

Investor Type	Who should sign
Individual	where the investment is in one name, the investor must sign
Joint investors	where the investment is in more than one name, unless otherwise nominated on the original application, all investors must sign
Company	two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
Trust	each trustee must sign or, if a corporate trustee, then as for a company
Partnership	either partner
Association or Registered co-operative	each office bearer
Government body	relevant principal officer/authorized signatory
Power of attorney	if signed by the unit holder's attorney, the power of attorney must have been previously been provided. If not a certified copy of the power of attorney as well as a certified copy of the Power of Attorney's driver's license, passport or other photo identification which confirms the name, address and contains their signature must be attached to this form



Signature 1

x

Name

Date

Title

- Investor 1 (individual) Director
- Secretary Sole director & secretary
- Non-corporate trustee Partner
- Other office bearer or attorney (please specify)

Signature 2

x

Name

Date

Title

- Investor 2 (individual) Director
- Secretary Sole director & secretary
- Non-corporate trustee Partner
- Other office bearer or attorney (please specify)