To:



REDEMPTION REQUEST FORM

RF (Barbados) Investment Fund Limited

RF Capital Markets (Barbados) Limited

	27 Pine Road P.O. Box 1338 St. Michael, Barbados Telephone: (246) 435-1955 Facsimile: (246) 435-1964	
Please	redeem my/our investment in the RF (Barbados) Investr	ment Fund Limited-
	Fund (as follows) at the next deal	ling date from Account #:
Value to	o be redeemed: \$ OR Number of	shares to be redeemed:
Full Nar	me(s) & Address(es) or person(s) or Company redeeming	:
STATUS	□ DR. □ MR. □ MRS. □ MISS	STATUS DR. MR. MRS. MISS
NAME (first / middle / last)		NAME (first / middle / last)
RESIDENTIAL ADDRESS		RESIDENTIAL ADDRESS
CITY	STATE/ COUNTRY	STATE/ CITY COUNTRY
PASSPOR	NATIONAL RT# REGISTRATION NUMBER #	NATIONAL PASSPORT # REGISTRATION NUMBER #
Paymer	nt details:	
Dated:		
Signatu	ıre:	Signature:
Note:	Redemption requests (sell orders) must be submitted on or before the 15 th of currently the last business day in the month). Redemption Requests received	f each month for payment within seven (7) business days of the Redemption Day (which is I after the deadline will be processed in the following month.
	Partial redemptions of a minimum of \$1,000 shall be permitted, except that if a partial redemption would result in an investor holding a total share value of less than \$1,000, the investor may be required to redeem their entire investment in the Fund.	
	Redemption Fees: 2% per Share, subject to a minimum of \$50 per redemption, will be deducted from the redemption amount (unless otherwise stated in the relevant Sub Fund Supplement).	
	THE NET ASSET VALUE (price per share) for the shares to be sold will be fixed	d on the 1st day of the month <i>following</i> your redemption notice.
		□ » CSU □ » Accounting