## **Baillie Gifford**

## Canadian Pooled Funds Redemption Request Form

Unless otherwise agreed by the Manager in its discretion, Participants may redeem Units on any date which is a Valuation Date for the Fund ('Trade date') at the Series Net Asset Value per Unit by giving written notice to the Manager as follows:

- By 4pm EST, at least five Business Days prior to the Trade Date on which the Units are to be redeemed in respect of Baillie Gifford Emerging Markets Fund; and
- By 4pm EST, at least two Business Days prior to the Trade Date on which the Units are to be redeemed in respect of all other Funds.

If you would like to make a redemption from your fund:

- Fill out the form ensuring you complete all fields.
- Return this form to BGCanadaTrading@bailliegifford.com
- The redemption shall be made upon the terms and conditions set out in the current Offering Memorandum of the Fund.
- Subject to written notice being made in accordance with the above timescales, payment of redemption proceeds shall

be made two business days after the relevant Trade Date <sup>1</sup> .	
Name of Shareholder	
Shareholder Account Number	
Name of Fund	
Trade Date <sup>1</sup> (MM/DD/YY)	Redemption Amount (CAD or Number of Units)
for payment of redemption monies please do s then the payment of your redemption monies v it is irrevocable and binding on the Participant	onies shall be made two Business Days after the relevant Trade Date. If you want to specify a later date The date you specify must be a day on which the Toronto Stock Exchange is open for business. If it is not I be delayed until the next Valuation Date. Once a redemption request has been received by the Manager, orms a legally binding contract between the Participant and the Manager and may be cancelled or modified sed terms used in this further redemption request form shall have the same meaning as defined terms in ent version of which is available on request.
Bank Account Information	
Bank Name*	
Bank Account Name*	
Bank Account Number*	ABA Number/Swift Number*
Beneficiary Bank Address*	
For Further Credit Account Name (if applicable)	
For Further Credit Account Number (if applicable)	
*Mandatory.	
Shareholder Authorised Signatories Please sign as per your most up to da	authorised signatory instructions.
Signature	Signature
Print Name	Print Name
Job Title	Job Title
Signature	Signature
Print Name	Print Name
Joh Title	Joh Title

## THIS SECTION IS FOR BAILLIE GIFFORD USE ONLY Settlement Date (MM/DD/YY) Baillie Gifford Internal Approval Signature: Signature: Print Name: Print Name: Job Title: Job Title: Baillie Gifford Authorised Signatories Signature: Signature: Print Name: Print Name: Job Title: Job Title:

Please refer to the current authorised signatory list and instructions for Baillie Gifford Canadian Pooled Funds.