

Redemption Form

Sands Capital Funds plc (the "Fund")

Sands Capital Funds plc
C/o Northern Trust International Fund Administration Services (Ireland) Limited
2nd Floor, Block A, City East Plaza, Towlerton, Ballysimon, Limerick, V94 X2N9, Ireland
Phone: +353 1 434 5122
Fax: +353 1 553 9409
Email: Sandscapital_ta@ntrs.com (queries only)

Please note the Administrator does not require the original of this document to be posted to them.

Please complete this form in blue or black ink using BLOCK CAPITALS. A completed and executed copy of this form should be sent by facsimile to the Fund at +353-1-553-9409 or by email to SandsCapitalTAInstructions@ntrs.com in accordance with the PDF dealing instructions contained in the Account Opening Form.

REGISTERED INFORMATION

Registered Account Name	<input type="text"/>						
Account Number	<input type="text"/>						
Date of Redemption	<input type="text"/>						
Your Company contact	<table><tr><td>Name:</td><td>Phone No:</td></tr><tr><td></td><td>Fax No:</td></tr><tr><td></td><td>E-mail Address:</td></tr></table>	Name:	Phone No:		Fax No:		E-mail Address:
Name:	Phone No:						
	Fax No:						
	E-mail Address:						

DEAL INSTRUCTIONS

Redeem Cash Redeem Shares Fully Redeem

Amount to be redeemed	Amount <input type="text"/>	<u>or</u>	Shares <input type="text"/>
Amount in words	<input type="text"/>		
Name of Sub-Fund	<input type="text"/>		
Share Class	<input type="text"/>		

BANK ACCOUNT DETAILS (Note: Where the below bank account instructions differ from those held on file by the Administrator, an original, signed copy of the new instructions together with a copy of a bank statement (no more than 6 months old) or banker's reference must be received by the Administrator in advance of the remittance of redemption proceeds. Redemption monies will be paid to the Shareholder by electronic transfer to an account in the name of the Shareholder only. No third-party

payments will be made. Payment of redemption monies will only be processed upon receipt by the Administrator of a complete Account Opening Form and the required anti-money laundering documentation.)

Bank Name

Bank Address

Sort Code ABA

Account Name

Account Number

IBAN Number

Reference

Correspondent Bank & Swift Code
F.F.C to:
Name:
Swift Code:

Account Name

Account Number

PLEASE NOTE

- I/We confirm that I/we have the authority to make this redemption request.
- I/We hereby agree to indemnify and hold harmless the Administrator, on its own behalf and as agent for the Fund, the Fund and their directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Fund or the Administrator. Neither the Administrator nor the Fund will be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed by the Administrator and/or the Fund to be genuine.

Authorised Signatories

Print Name

Signatory 1

Signatory 2

Signatory 3

Signatory 4

Date

WF-27948842-3