



REDEMPTION REQUEST FORM

Please complete this form and return to Investor Relations: Email: is@trezcapital.com or Mail: 1700-745 Thurlow Street, Vancouver, BC, V6E 0C5.

Name: _____

Registered Account Holder (if different): _____

I, the undersigned, hereby request redemption of units held in Trez Capital Yield Trust US as follows:

Full Redemption	<input type="checkbox"/>	
Partial Redemption	<input type="checkbox"/>	Amount (Units/\$):

Authorized Signatory

Date

Please note:

Redemptions must be not less than \$5,000 unless it is a Full Redemption.

A 1% penalty will be incurred on units redeemed which have been held for less than 12 months.

Allow 20 business days from date of receipt of this instruction for your request to be processed. A redemption cheque will be issued to the registered address of the account holder unless otherwise instructed.

Only units held at the month end date are eligible for the monthly dividend. Redemption date is deemed 20 business days after receipt of the Redemption Request Form.

For full terms and conditions please refer to the Offering Memorandum.

FOR OFFICE USE ONLY

Date Received: _____

Redemption Penalty: _____