

REDEMPTION FORM

INVESTINVENT FUNDS SICAV-SIF

A public limited company (*société anonyme*) organized as an investment company with variable capital – specialized investment fund (*société d'investissement à capital variable – fonds d'investissement spécialisé*) under the laws of the Grand Duchy of Luxembourg (The "**Fund**").

APPLICANT

Name/Surname: _____

Or

Company: _____

Address: _____

Tel: _____

E-mail: _____

(the "**Shareholder**")

Dear Sirs,

I/We hereby request redemption, as defined in and subject to all of the terms and conditions of the Offering Memorandum and Articles of Association of **INVESTINVENT FUNDS SICAV-SIF** (the "Fund"), **INVESTINVENT WIND ENERGY FUND** (the "Sub-Fund"), currently in force of:

Class of Shares: _____

Number of Shares: _____

on the next available redemption date (the "Redemption Date") following receipt of this letter in original.

BANKING DETAILS

The cash proceeds of the redemption should be paid and forwarded to the Shareholder as follows:

<p>These banking details are used by default in case of distribution payments. In case of a discrepancy between the bank details information archived in the Fund's files and the banking details stated here below, the Central Administrator and/or the General Partner of the Fund reserve the right to suspend the payment until the Shareholder provides any of them with evidence that the shareholder registered in the register of shareholders is the beneficiary of the account.</p>	
Name of Bank:	
Address:	
Country:	
BIC Code:	
SWIFT:	
National Code (e.g. BLZ/BC/Sort Code):	
Full Name of the Account Holder:	
Account Number and Currency:	
IBAN:	

No Third Party payments are permitted.

I/We (either in my individual capacity or as an authorised representative of an entity, if applicable) hereby represent and warrant that I/we am/are the true and lawful, owner of the Shares (or fractions thereof) to which this request for redemption relates, with full power and authority to request redemption of such shares. such shares are not subject to any pledge or otherwise encumbered in any fashion.

This Redemption Form must be sent in original filled in and signed to the Transfer Agent to the following address:

FIDUCENTER S.A. Administrative, Registrar and Transfer Agent
 Attn. TA Department
 rue de l'Eau 18
 L-1449 Luxembourg
 Email: investinvent-admin@fiducenter.lu

SIGNATURE / CONFIRMATION

a) I/We confirm that I/we have full power and capacity to redeem my/our Fund shares. I/We understand that this application for redemption must be unconditional, is irrevocable and legally binding.

b) I/We undertake to submit applications for redemption in accordance with the cut-off time set out in the Company's latest Offering Document. I/We acknowledge that any applications for redemption received after the cut-off time (as defined in the Offering Document) will be processed on the next Redemption Request Period (as defined in the Offering Document).

c) I/We declare that all the information provided in this redemption form and the statements made in it are correct. I/We shall notify the Company promptly in writing of any changes.

d) I/We acknowledge that I/we may be required to provide identity evidence required by any applicable laws and regulations relating to anti-money laundering checks. This application for redemption shall not be processed until such information is received.

e) I/We give our express consent that the Fund and any entity employed by it to provide services on its behalf (including without limitation the company FIDUCENTER S.A.

(the Administrative, Registrar and Transfer Agent) and the Alternative Investment Fund Manager, the company Notz, Stucki Europe S.A.), may process (including collecting, using and storing) personal data about me/us for my/our application and for administrative or any other related purposes connected with my/our shareholding (including for example any monitoring or analysis required for business, legal or regulatory reasons). I/We understand that pursuant to any applicable laws I/we may have a right of access to data concerning me/us and that I/we have a right to require that such data be corrected if inaccurate. I/We understand and consent to the Fund and any entities employed by it to provide services on its behalf processing my/our personal data anywhere in the world which is necessary for business purposes. I/We also understand that the Fund may for its own purposes or pursuant to applicable laws or regulations store personal data for a period of a minimum of ten (10) years as from the sale/redemption of all my/our shares.

f) I/We understand that this application for redemption is governed by and construed in accordance with the laws of Luxembourg.

g) I/We understand that this redemption may be subject to reporting in the context of the automatic exchange of information in the field of taxation (Common Reporting Standard).

Full Name (in capital letters): _____

Date: _____

Authorised Signature(s): _____

Important notes:

- (i) If signed under power attorney such power or a duly certified copy must accompany this form.
- (ii) Any corporate Shareholder should sign under the hand of a duly authorised official who should state his representative capacity.
- (iii) If holding was registered in joint names, all joint Shareholders must sign the form.