

Additional Investment Form (TOP UP)

Please attach a cheque with the completed form and send to:

MacarthurCook Fund Management Limited
PO Box 18070, Collins Street East, Melbourne Victoria 8003

Fund Details - tick which fund is appropriate

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | MacarthurCook Mortgage Fund | Cheque payable to " PTCL ACF MCK Mortgage Fund" |
| <input type="checkbox"/> | MacarthurCook Diversified Property Income Fund | Cheque payable to " PTCL ACF MCK Diversified Property Income Fund" |
| <input type="checkbox"/> | MacarthurCook Industrial Property Trust | Cheque payable to " PTCL ACF MCK Industrial PropertyTrust" |
| <input type="checkbox"/> | MacarthurCook Office Property Trust | Cheque payable to " PTCL ACF MCK Office PropertyTrust" |

Investor Details

PLEASE USE BLOCK LETTER TO COMPLETE THIS FORM

Name

Investor ID/Client Number

Transaction Details

Additional Investment Value \$

Cheque Number Account Number

Drawer of Cheque

Contact Details

Address

Daytime Phone Number Mobile Number

Signatures

Investor 1 or Company Signatory Name	<input style="width: 100%; height: 35px;" type="text"/>	Signature	<input style="width: 100%; height: 35px;" type="text"/>	Date	<input style="width: 100%; height: 35px;" type="text"/>
Investor 2 or Company Signatory Name	<input style="width: 100%; height: 35px;" type="text"/>	Signature	<input style="width: 100%; height: 35px;" type="text"/>	Date	<input style="width: 100%; height: 35px;" type="text"/>

If signed under power of attorney, the attorney encloses a Certified Copy of the Power of Attorney and declares that he/she has not received notice of revocation of that power.

Company Stamp (if req'd)

Adviser Name Adviser Group

Signature of Adviser Date

Please rebate % of my application fee entitlement to the applicant as additional units.

For further assistance, please contact our Client Services Team on 1300 655 197 Monday to Friday 9.00am to 5.00pm (Eastern Standard Time).