

Redemption Request Form

Please complete this form and send to:
 MacArthurCook Fund Management Limited
 PO Box 18070, Collins Street East, Melbourne Victoria 8003
 OR
 Fax the completed form to: (03) 9639-1440

Fund Details - tick which fund is appropriate

- MacarthurCook Mortgage Fund
- MacarthurCook Diversified Property Income Fund

Investor Details

PLEASE USE BLOCK LETTER TO COMPLETE THIS FORM

Name

Investor ID/Client Number

Contact Details

Address

Daytime Phone Number

Transaction Details

Account Name

Full Redemption

OR

Partial Redemption

Payment Instructions

Direct Credit to the following account:

Financial Institution Branch

Account Name

BSB Account Number

Signatures

Investor 1 or Company Signatory Name Signature Date

Investor 2 or Company Signatory Name Signature Date

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

Company Stamp (if req'd)

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