

SECTION 3: Contact details

Please enter all relevant contact details, including your daytime telephone number, in case we need to contact you in relation to your application.

If investor is an individual and contact is another person, they must hold a power of attorney, a copy of which must be provided.

All administration correspondence in relation to this investment will be sent to the nominated mailing address. Email will be used for communications unless indicated otherwise.

Contact person for this investment

Email address

Mailing address

State

Postcode

Daytime phone number

After hours phone number

Fax number

Mobile number

Indicate how you would like to receive communications from us:

Email

Mail

SECTION 4: Adviser details (optional)

If you use a Financial Adviser, please have them sign this section and stamp the front of the application form.

By stamping this application the Adviser confirms that they hold, or are an authorised representative under, a current AFS Licence, allowing provision of financial advice.

Title

Adviser full given name

Adviser surname

Adviser company (if applicable)

Licensed dealer

Dealer Licence Number

ADVISER SIGNATURE

I/We request Millbrook Funds Pty Ltd to provide my/our financial advisor with access to my/our financial records in relation to my/our investment in the Millbrook Income Fund, and I/we agree that my/our financial advisor has the same powers as I/we do to make further investments in or withdrawals from Sub Schemes of the Fund. I/We release and discharge and agree to indemnify Millbrook Funds Pty Ltd from and against all actions, proceedings, accounts, claims and demands however arising out of the release of my/our information to our named financial advisor and Millbrook Funds Pty Ltd allowing our financial advisor to make further investments in or withdrawals from Sub Schemes of the Fund on our behalf.

SECTION 5: Additional investment enquirer

If you would like someone other than the Contact or Adviser to enquire about this investment, please provide us with their details here.

Title

Given name

Surname

Company (if applicable)

I/We request Millbrook Funds Pty Ltd to provide my/our named additional person with access to my/our financial records in relation to my/our investment in the Millbrook Income Fund. I/We release and discharge and agree to indemnify Millbrook Funds Pty Ltd from and against all actions, proceedings, accounts, claims and demands however arising out of the release of my/our information to that person.

SECTION 6: Bank account details for distribution payment

Name that appears on the account

Name of financial institution

BSB

Account number

SECTION 7: Mortgage Allocation Facility (optional)

While invested in the ITD, Investors can participate in the Mortgage Allocation Facility (refer to the Information Memorandum Section 3 How to Invest 3.6 Mortgage Allocation Facility). Participating Investors will automatically be allocated available Mortgage Investments and then may opt out within the specified notice period. Refer to Information Memorandum for full details prior to completion. To participate you must tick the box.

Please tick

SECTION 8: Declaration and authorisation

(You should read the Information Memorandum before you apply for membership of the Fund)

I/We as Applicant declare (i) that I/we have read the entire Information Memorandum; (ii) that if an electronic copy of the Information Memorandum has been used, that I/we obtained the entire Information Memorandum, not just the application form; and (iii) that I/we have not obtained any personal financial advice from MILLBROOK FUNDS PTY LTD ABN 34 149 711 419 or any of its employees. I/We agree to be bound by the Information Memorandum, and provisions of the Fund's Constitution (as amended from time to time) and acknowledge that neither Millbrook Funds Pty Ltd nor any of its employees guarantee the performance of any Sub Scheme, the payment of interest or the repayment of capital. I/We acknowledge that any investment is subject to investment risk (as per section 7 of the Information Memorandum). I/We confirm that we have provided accurate and complete documentation requested for AML/CTF investor identification and verification purposes.

SECTION 9: Signing instructions for Joint Applicants and Multi-director Companies

If the application is signed by more than one person, who is authorised to give instructions to Millbrook Funds?

| | | | |
|--|--|---|---|
| Signature A | <input type="checkbox"/> Any to sign | <input type="checkbox"/> All to sign | <input type="checkbox"/> Other (specify): |
| | Name | | Date |
| | <input type="text"/> | | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| Signature B | If a Company Officer or Trustee, SPECIFY your title: | | |
| | <input type="checkbox"/> Director | <input type="checkbox"/> Sole Director | <input type="checkbox"/> Trustee |
| | Name | | Date |
| Signature C | <input type="text"/> | | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| | If a Company Officer or Trustee, SPECIFY your title: | | |
| | <input type="checkbox"/> Director | <input type="checkbox"/> Sole Director | <input type="checkbox"/> Trustee |
| Name | | Date | |
| <input type="text"/> | | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | |
| If a Company Officer or Trustee, SPECIFY your title: | | | |
| <input type="checkbox"/> Director | <input type="checkbox"/> Sole Director | <input type="checkbox"/> Trustee | |

SECTION 10: How did you hear about Millbrook Group?

Cheques must be made payable to PERPETUAL CORPORATE TRUST LIMITED ACF MILLBROOK INCOME FUND. Only cheques in Australian currency and drawn on an Australian bank will be accepted. Your cheque(s) should be crossed NOT NEGOTIABLE.

Mail this completed Application Form with Identification and (if applicable) cheque to: Millbrook Funds Pty Ltd, Level 9, 30 Collins Street, Melbourne Vic 3000
FOR DETAILS OF IDENTIFICATION REQUIREMENTS SEE PRECEDING "GUIDE TO COMPLETING APPLICATION FORM".

OFFICE USE ONLY

Member ID:

Date entered: / /

Entered by:

Approved:

Appendix A

Investor Identification Check

| Investor type | Documents required |
|---|---|
| Individual/Trustee/Director | <p>You must supply at least one Primary document OR at least two Secondary documents</p> <p>Primary documents</p> <ul style="list-style-type: none"> • Certified copy of Passport (Australian) • Certified copy of Australian Driver's Licence • Certified copy of Foreign Passport • Certified copy of Australian Citizenship Certificate • Certified copy of Full Birth certificate (not birth certificate extract) <p>Secondary documents</p> <ul style="list-style-type: none"> • Certified copy of Centrelink Card with reference • Certified copy of Australian Government Pension card • Certified copy of Department of Veterans Affairs card • Certified copy of Medicare Card • Certified copy of Notice from Australian Taxation Office • Certified copy of Notice issued by a Utilities Provider • Certified copy of Credit Card or Bank Account Card • Certified copy of Bank statement (showing transactions) • Certified copy of Taxation assessment notice • Certified copy of Property lease agreement – current address <p>AND As required for Wholesale investors – A Wholesale Investors Certificate from a CPA certifying net assets of \$2.5m</p> |
| Companies | <p>Provide the following:</p> <ul style="list-style-type: none"> • One Primary document or Two Secondary documents (as above) for each director • ASIC Annual Company Statement <p>As required for Wholesale investors – A certificate from a CPA certifying net assets of \$2.5m for the company</p> |
| Trusts (including superannuation funds) | <p>Provide ALL of the documents listed below and attach them to the Application Form:</p> <ul style="list-style-type: none"> • Certified copy or Certified extract of the Trust Deed • Document listing each beneficiary or the details of each class of beneficiary if not included in the Trust Deed <p>AND in relation to the trustee, select the appropriate item:</p> <ul style="list-style-type: none"> • if the trustee is an individual, provide verification material for individuals set out above, OR • if the trustee is a company, provide verification material for the type of company set out above. <p>Note: Each director/beneficiary with a stake of 25% or greater should be identified with One Primary document or Two Secondary documents.</p> |

PEOPLE AUTHORISED TO CERTIFY DOCUMENTS (As described in Sect 39 of the Oaths and Affirmation Act 2018) such as:

- Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants.
- Bank officer with 5 or more continuous years of service
- Financial adviser or financial planner
- Legal practitioner
- Medical practitioner – (Doctor, Chiropractor, Dentist, etc.)
- Nurse
- Occupational therapist
- Optometrist
- Pharmacist
- Post Office employee