

DISTRIBUTION REINVESTMENT PLAN (DRP) APPLICATION / NOTICE OF VARIATION FORM



Cromwell Funds Management Limited ABN 63 114 782 777 AFSL 333214

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.

Section 1. Investor Details

These details can be found on the welcome letter which confirmed your initial investment in the fund.

Name of Cromwell Fund

Investor Reference Number

Full name(s) of Registered Holding

Address

Suburb

State

Postcode

Section 2. Request for reinvestment of distributions

If this form is returned signed, but with no option indicated, it will be treated as an application for full participation in the DRP.

Please complete one choice only

A. Full Participation in the DRP

Please tick Box A for all units held to participate in DRP.
No cash payment will be issued.

B. Partial Participation in the DRP

Please write in Box B the number of units or the percentage of your total units held you would like to participate in the DRP. The distribution on the balance of your units (if any) will be paid in cash. Units issued as a result of your partial participation in the DRP will automatically participate in the plan. Please complete Section 3 below to ensure the cash portion of your distribution may be made to your bank account.

C. Termination of Participation in the DRP

Only tick Box C if you are already in the DRP and wish to cancel your participation. Please complete Section 3 below to ensure that future payments may be made to your bank account.

Section 3. Request for direct crediting of payments

Enter your new bank account details that you wish to have recorded. Please note that only one bank account per investment can be recorded. This should be the bank account for all future distribution payments for the selected investment.

Name in which account is held (e.g. John Smith)

Name of Australian Financial Institution

Branch Name/Suburb/Town

BSB (Branch number)

Account number

Section 4. Contact

Please enter your contact details as we may need to contact you about this form.

Contact name

Telephone - daytime

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Section 5. Declaration and authorisation Note: This section must be signed for this form to be processed.

I/We authorise you to act in accordance with my/our instructions set out above in relation to participation in the DRP. I/We acknowledge and agree to the terms applying to participation in the DRP, and I/we are aware that these terms are set out in the PDS and the Constitution (as amended from time to time). These instructions supersede and have priority over all previous instructions.

SIGNATURE 1

SIGNATURE 2

Name

Name

Date / /

Date / /

Director Sole Director & Company Secretary

Director Company Secretary

Trustee Other

Trustee Other

Section 6. Return form

If you have any questions in relation to this form, please phone Cromwell Investor Services on 1300 268 078.

Please complete this form and return to:



Email: invest@cromwell.com.au



Fax: 07 3225 7788



Post: Boardroom Pty Limited, GPO Box 3993, Sydney NSW 2001

A confirmation of your change of distribution reinvestment plan details will be returned to you within 7 days of receipt of your request.