

CROMWELL AUSTRALIAN PROPERTY FUND ARSN 153 092 516**Additional Unit Application Form**

This application form is for existing investors in the Cromwell Australian Property Fund who wish to apply for additional units in the Fund. The additional investment amount will be added to your existing investment in the Fund. You can only use this form if your application details are unchanged.

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a tick (✓). You should read the PDS dated 29 September 2017, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214, before completing this investment application form.

INTERNAL
USE: PDS
SOURCE**PART 1 INVESTOR IDENTIFICATION**

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

Investor Number**Investment Name** (Example: "John Smith" or "John Smith ATF John R Smith Super Fund")**PART 2 INVESTMENT AMOUNT**

Enter the amount you would like to increase your investment by.

Additional Investment Amount:

\$

PART 3 ADVISER DETAILS

If an Initial Advice Fee is nominated we will deduct this amount from your application amount and pay this fee to your Adviser.

Adviser given name

Adviser surname

Adviser company (if applicable)

Adviser Phone

Adviser email

Licensed Dealer

Licence No:

Initial Advice Fee (if applicable):

%

(Max 3.3%, incl. GST)

PART 4 DECLARATION AND AUTHORISATION

I/we declare that I/we have received and read the current PDS and agree to be bound by it and the Constitution (each as amended from time to time). I/we declare that the offer was received and accepted in Australia and all information in this application is true and correct. I/we indemnify CFM against any liabilities whatsoever arising from acting on any information I/we provide in connection with this application. I/we have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. I/we acknowledge that neither CFM or any other member of the Cromwell Property Group (including its directors and employees) guarantee the Fund's performance, the repayment of capital, any particular rate of return or any distribution. In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the units will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions. If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of the power. I/we acknowledge that we have read and understood the 'Privacy Statement' in the current PDS. Until I/we inform CFM otherwise, I/we will be taken to have consented to all uses of our personal information (including marketing) contained under that heading and to our adviser providing further personal information to CFM as required or reasonably deemed necessary by CFM. Any application can be accepted or rejected by CFM. I/we understand that if we fail to provide any information requested or do not agree to any of the possible uses or disclosure of our information as detailed in the PDS, our application may be rejected by CFM and CFM is released and indemnified in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided. I/we agree that CFM may provide details of our investment to the adviser group or adviser nominated by the means and in the format that they direct. I/we authorise CFM to calculate and pay the nominated advice fee, up to 3.3% of the application monies, to the nominated adviser /adviser group from our application monies. I/we understand that the advice fee cannot be refunded once paid.

SIGNATURE

Date

SIGNATURE

Date

Name

Name

PART 5 PAYMENT DETAILS

These details are required so your payment can be matched to your application form.

Please indicate which payment method you've used:

 Cheque→ Made payable to: **CFM APF APPLICATION** BPAY®→ Biller Code: 213934 **Reference Number:** Direct Debit

→ Complete Direct Debit Request form and attach

 Electronic Transfer

→ BSB: 034 001 Account: 223 121

Account Name: CFML APF Application Account

Account Reference: Applicant Name

INTERNAL USE ONLY