CROMWELL PHOENIX PROPERTY SECURITIES FUND ARSN 129 580 267

WHOLESALE UNITS - ADDITIONAL UNIT APPLICATION FORM



This application form is for existing investors of Wholesale Units in the Cromwell Pheonix Property Securities Fund who wish to apply for additional Wholesale 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.

INTERNAL USE: PDS SOURCE	
--------------------------	--

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

	63 114 782 777, A	You should read the PDS dated 15 No AFSL 333214, before completing this DENTIFICATION		Funds Management
These details can be for		me letter which confirmed your initia	l investment in the Fund.	
Investor Number		Investment Name (Example: "Joh		n R Smith Super Fund")
				, and ,
PART 2	INVESTMEN	T AMOUNT		
Enter the amount you	would like to incr	ease your investment by.		
Additional Investment	Amount:	\$	0 0 0 . 0 0	
PART 3	ADVISER DE	TAILS		
Adviser given name			Adviser surname	
Adviser company			Adviser Phone -	
Adviser email				
Licensed Dealer			Licence No:	
PART 4	DECLARATIO	ON AND AUTHORISATION		
correct. I/we indemnify CFM this application and have con guarantee the Fund's perform on the application form, the Power of Attorney, the Attorne Until I/we inform CFM otherw personal information to CFM requested or do not agree to of any loss or liability arising adviser group or adviser nom our Initial Investment Date (o	against any liabilities v nplied with all applicab nance, the repayment units will be held as jo by declares that he/sh- vise, I/we will be taker as required or reasor any of the possible us from its inability to ac- inated by the means a r if I/we make a withd	whatsoever arising from acting on any informati ile laws in doing so. I/we acknowledge that neit of capital, any particular rate of return or any c pint tenants and either investor is able to opera be has not received notice of revocation of the po in to have consented to all uses of our personal nably deemed necessary by CFM. Any applicates sees or disclosure of our information as detailed scept an application due to inadequate or incor- und in the format that they direct. I/we acknowle	on I/we provide in connection with this appli her CFM or any other member of the Cromv listribution. In the case of joint applications, the the account and bind the other investor ower. I/we acknowledge that we have read a information (including marketing) containe tion can be accepted or rejected by CFM. I in the PDS, our application may be rejected rect details having been provided. I/we agr adde and accept that if I/we fail to invest the	Australia and all information in this application is true and cation. I/we have legal power to invest in accordance with veil Property Group (including its directors and employees) the joint applicants agree that unless otherwise indicated for future transactions. If this application is signed under nd understood the 'Privacy Statement' in the current PDS. d under that heading and to our adviser providing further //we understand that if we fail to provide any information by CFM and CFM is released and indemnified in respect ee that CFM may provide details of our investment to the Minimum Wholesale Investment within 12 months of my/ ssale Investment), then CFM may at its discretion, without
SIGN	IATURE	Date //	SIGNATUR	Date //
Name			Name	
PART 5	PAYMENT DI	ETAILS		
These details are requi	ired so your paym	ent can be matched to your application	n form.	
Please indicate which pa	ayment method you	u have used:		INTERNAL USE ONLY
Electronic Transfer	Account Nar	3 Account: 838 531 307 me: CFML PSF Wholesale Application Ad Applicant Name	ccount	
IMPORTANT INFORM			Boa	ardR <mark>oo</mark> m
Cromwell is required t	o collect and repo	rt to the Australian Taxation Office (A	TOJ certain	Smart Business Solutions

information about the tax residency of our unitholders. If you have not supplied Cromwell with your tax residency status previously, please do so by one of the following methods:

- → Online via your registered InvestorServe Access -Visit www.investorserve.com.au \rightarrow My Details \rightarrow FATCA-CRS Information
- → Email or Post a FATCA/CRS Form Call Cromwell's Investor Services Team on 1300 268 078 to obtain a copy of the Automatic Exchange of Information (AEOI) Form for you to complete and return Not providing this information to Cromwell may delay the processing of your transaction.

Send your completed application forms to the Fund's registrar:

Email: cromwell@boardroomlimited.com.au Fax: 02 9252 1987

Post: Boardroom Pty Limited GPO Box 3993 Sydney NSW 2001