



CROMWELL FUNDS MANAGEMENT LIMITED ABN 63 114 782 777 AFSL 333214 (CFM).

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.
Mark appropriate answer boxes with a tick (✓).

PART 1 INVESTOR DETAILS

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

Investment Reference Number Full name(s) of Registered Holding (Example: "John Smith" or "John Smith ATF John R Smith Super Fund")

Name of the Cromwell Managed Fund

Address Suburb State Postcode

PART 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.

- 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 Part 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 Part 3 below to ensure that future payments may be made to your bank account.

PART 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 of Australian Financial Institution

Branch Name/Suburb/Town

BSB Number Account Number

Account Name

PART 4 CONTACT

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

Contact name Phone number

PART 5 **DECLARATION AND AUTHORISATION**

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	Date
	□□ / □□ / □□
Name	
<input style="width: 100%; height: 20px;" type="text"/>	

SIGNATURE	Date
	□□ / □□ / □□
Name	
<input style="width: 100%; height: 20px;" type="text"/>	

If a Company Officer or Trustee, please specify your title:
 Director Sole Director & Company Secretary Trustee

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



Return completed form to:
Email: cromwell@boardroomlimited.com.au
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.