CROMWELL FUNDS MANAGEMENT (CFM)

DISTRIBUTION REINVESTMENT PLAN APPLICATION / NOTICE OF VARIATION FORM





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 $[\checkmark]$.

PART 1	INVESTOR DETAILS									
These details can b	e found on the welcome letter	which confirmed your i	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 Crom	well Managed Fund									
Address			Suburb		State	Postcode				
PART 2	REQUEST FOR REINVE	STMENT OF DISTRIE	BUTIONS							
If this form is return	ned signed, but with no option	indicated, it will be trea	ited as an applicatio	n for full particip	pation in the DRF					
A. Full Participation in the DRP Please tick Box A for all units held to participate in DRP. No cash payment will be issued.										
			. I vo casii payiileiic	witt be issued.						
	artial Participation in the DRP lease 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									
dis	stribution on the balance of yo	ribution 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 be made to your 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 PAY	MENTS							
	nk account details that you wis				per investment	can be recorded. This				
	account for all future distribu	nion payments for the s	etected investment.							
Name of Australian	Financial Institution									
Branch Name/Subu	urb/Town									
BSB Number			Accoun	t Number						
Account Name										
PART 4	CONTACT									
Please enter your o	contact details as we may need	d to contact you about th	is form.							
Contact name			Phono	aumhor [

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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 amened from time to time). These instructions supersede and have priority over all previous instructions.

	SIGNATURE	Date / / / /		SIGNATURE	Date / / / / /		
Name			Name				
If a Company Officer or Trustee, please specify your title:				If a Company Officer or Trustee, please specify your title:			
☐ Director	☐ Sole Director & Company Se	cretary \square Trustee	☐ Director	☐ Sole Director & Company Sec	cretary 🗆 Trustee		

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

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

BoardRoom

Return completed form to:

Email: cromwell@boardroomlimited.com.au

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