

Checklist

To ensure the Manager is able to process the transfer quickly and efficiently please check the Application Form is completed as set out below.

Section 1 – not applicable

Section 2 – Individual and Joint Investor/s Details - Provide the investor/s' full name/s. Joint investors must each provide their full names and sign the Application Form. All correspondence about the investment may be sent to the first person named on the Application Form. Joint investors are treated as joint tenants. This means that if one of two joint investors dies, only the other joint investor will be recognised as having any claim to the investment.

Section 3 – Sole Trader Investor Details

Section 4 – Company Investor Details

Section 5 – Superannuation Fund/Trust Investor Details – only the trustee has rights and obligations under the Fund's constitution.

Section 6 – Partnership or Association Investor Details

Section 7 – Politically Exposed Persons

Section 8 – Provide contact details for the investor/s.

Section 9 – Provide the investor/s' residential street address or if applicable business street address.

Section 10 – Provide Tax File Number or Exemptions (refer below).

If the investor's Tax File Number or the Tax File Number Exemption details are not supplied, the Manager is required to withhold tax from any distributions approved by the Court at the highest marginal tax rate (plus Medicare Levy).

Exemptions:- Pensioner - Write the name of your pension on the Exemption Line (eg Age Pension) Non-Resident - Write your country of residence on the line below the Tax File Number Non-Profit Organisation - If you are not required to lodge a tax return write "NL="

Section 11 – Complete details of the investor/s financial institution account to which distributions, if approved by the Court, will be paid. If you are investing by direct debit investment, funds will be deducted from this account unless otherwise specified.

Section 12 – Authorised Delegate or Power of Attorney - If the Application Form is being signed under a Power of Attorney the Attorney must provide personal details in this section. If you wish to authorise another person to access and operate your investment (please read the attached terms and conditions in relation to Authorised Delegates), then:-

- ◆ complete the name of the authorised delegate;
- ◆ have the authorised delegate sign where indicated; and
- ◆ investor/s must also sign this section.

The appointment is limited to this Fund and the authorised delegate can only direct withdrawals to the nominated account or other existing investment accounts of the investor held by the Manager.

Section 13 – Please read this section and execute the Application Form in acknowledgement. Ensure that **if you are investing under a Joint Account** all applicants have signed and dated the form. **If the investor is a company** please ensure that the Application Form is executed by either 2 directors, 1 director and company secretary, or the sole director who is also the sole secretary. **If the investor is a trust** please ensure the Application Form is executed by all trustees or the sole trustee if there is only one trustee. **If signing under a Power of Attorney**, please attach a certified copy of the Power of Attorney document together with a declaration by the attorney/s that the Power of Attorney has not been revoked and a certified copy of the Attorney/s' passport or driver's licence and forward with this Application Form to the Manager.

Please send the form to:-

LM First Mortgage Income Fund (Receivers and Managers Appointed) (Receiver Appointed)
C-/ BDO Business Recovery & Insolvency
GPO Box 457
Brisbane QLD 4001

Or

Via Email: enquiries@lmfmif.com.au

Client Details Form

LM First Mortgage Income Fund (Receivers and Managers Appointed) (Receiver Appointed)

ARSN 089 343 288 AFSL No. 220281

Units in the Fund will only be transferred on receipt of this Application Form, together with the duly executed original of the instrument and other applicable documentation of transfer.

Office use only

Please provide details of the investor to whom units are to be transferred below. Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross like the following **X**. Start at the left of each answer space and leave a gap between words.

1. INVESTMENT DETAILS

Investor Type

- ☐ **Individual / Joint Investors** - complete details in section 2 and then go to Section 7 and complete all sections
- ☐ **Sole Trader Investors** - complete details in section 3 and then go to Section 7 and complete all sections
- ☐ **Company Investors** - complete details in section 4 and then go to Section 7 and complete all sections
- ☐ **Superannuation Fund/ Trust Investors** - complete details in section 5 and then go to Section 7 and complete all sections
- ☐ **Partnership Investors** - complete details in section 6 and then go to Section 7 and complete all sections

2. INDIVIDUAL/JOINT INVESTOR DETAILS

Investor 1 Title Mr ☐ Mrs ☐ Miss ☐ Other ☐ ☐ ☐ ☐ ☐ ☐

First Name(s)

Last Name

Date of Birth

Gender

☐ Male ☐ Female

Current Occupation

Investor 2 Title Mr ☐ Mrs ☐ Miss ☐ Other ☐ ☐ ☐ ☐ ☐ ☐

First Name(s)

Last Name

Date of Birth

Gender

☐ Male ☐ Female

Current Occupation

If Proprietary Company provide Names of All Company Directors. If more than 2 Company Directors attach a list to this Application Form.

Company Director 1

First Name(s)

Last Name

Company Director 2

First Name(s)

Last Name

5. SUPERANNUATION FUND / TRUST INVESTOR DETAILS

Full Organisation Name of Trust/Superannuation Fund

Country in which the organisation was established

Type/Activity of Trust

Names and Residential or Principal addresses of All Trustee/s. If more than 2 trustees, attach a list to this Application Form.

Trustee 1

First Name(s)

Last Name

Date of Birth

Gender

Male ☐ Female ☐

Residential or Principal Street Address

Suburb

State

Country

Trustee 2

First Name(s)

Last Name

Date of Birth

Gender

Male ☐ Female ☐

Residential or Principal Street Address

Suburb

State

Country

If the Trustee is a Company please complete the Company details in Section 4 of this Application Form.

Partner 2

First Name(s)

Last Name

Date of Birth

Gender

Residential or Principal Street Address

Suburb

State

Country

7. POLITICALLY EXPOSED PERSONS

Are you or anyone named on this form or any of your or their close personal or business relationships, associates or family members politically exposed persons e.g. Heads of State, senior politicians, judicial or military officers, senior executives of state owned corporations?

Yes No

If yes please provide details

8. INVESTOR CONTACT DETAILS

Contact Name

Postal Address

Email

Phone (Business/Home)

Phone (Mobile)

Please indicate your preferred method of receiving correspondence Email Post OR All correspondence to Adviser only

Financial statements are available on the Manager's website.

Do you wish to receive financial statements of the Fund

Yes No

If Yes – do you wish to receive the financial statement by email

Yes No

9. RESIDENTIAL / PRINCIPAL BUSINESS STREET ADDRESS OF INVESTOR/S

Individual investors must provide their residential street address and if sole trader their principal business address (if different). Company, partnership, superannuation fund, association or trust investors must provide their principal business street address and registered office address (if different). Post office boxes are not acceptable.

INVESTOR 1 / COMPANY / TRUST / SUPERANNUATION FUND / PARTNERSHIP / ASSOCIATION / SOLE TRADER

Residential / Principal Business Street

Suburb

State

Country

INVESTOR 2 / INCORPORATED REGISTERED ADDRESS (if applicable)

Residential / Principal Business Street

Suburb

State

Country

10. INVESTOR TAX FILE NUMBER OR EXEMPTION DETAILS

INVESTOR 1 / COMPANY PARTNERSHIP / SUPERANNUATION FUND / TRUST

Tax File Number

OR Exemption

If a foreign resident for tax purposes, specify country of residence

INVESTOR 2

Tax File Number

OR Exemption

If a foreign resident for tax purposes, specify country of residence

11. INVESTOR ACCOUNT DETAILS (for payment of any distributions, if approved by the Court)

Account Name

Bank Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Address

BSB Number (Australia Only)

--	--	--	--	--	--	--	--

Bank Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Currency

--	--	--

Swift Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sort Code

--	--	--	--	--	--	--	--

Routing Code/Fedwire (US banks only)

--	--	--	--	--	--

IBAN Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Intermediary Bank Name (For overseas bank accounts using an intermediary bank, if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Intermediary Bank Address

Intermediary Swift Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Intermediary Sort Code

--	--	--	--	--	--	--	--

Intermediary Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PERSONAL INFORMATION

The privacy of an investor's personal information is important to the Manager. The purpose of collecting investor information on the Application Form is to process the in the Fund.

In processing the application and managing investors' investments in the Fund, the Mr Whyte may disclose personal information to other parties such as an investor's financial adviser and/or IT service providers of financial advisers, the financial adviser's licensee or as required by law.

Investors are entitled to request reasonable access to their personal information.

12. APPOINTMENT OF AUTHORISED DELEGATE /POWER OF ATTORNEY

Please ensure an identity verification document (e.g. Certified copy of current Passport) for the Authorised Delegate/Attorney is attached.

Name of Authorised Delegate

First Name(s)

Last Name

Date of Birth

Gender

Male ☐ Female ☐

Nationality

Current Occupation

Residential Street Address

Suburb

State

Country

Signature of Authorised Delegate and Investor must be provided below. Attorneys are not required to complete the balance of this section.

I/We have read the attached terms and conditions in relation to Authorised Delegates agree to those terms and conditions. I/We appoint the following authorised delegate:

Signature of Authorised Delegate

Date

I/We request that my/our authorised delegate receive access to my/our financial records in relation to my/our Fund/s investment/s and consistent with the Fund/s terms and conditions, agree that my/our authorised delegate has the same powers as I/we do to make further investments in or withdrawals from, the Fund/s. I/We release, discharge and agree to indemnify the Manager and the Custodian as provided in the attached terms and conditions.

Signature of Investor 1/Company Officer (please nominate office held eg. Director)

Date

Signature of Investor 2/Company Officer (please nominate office held eg. Director)

Date

I/We declare that:-

1. This Application Form is completed according to the declaration/appropriate statements in the Application Form and agree to be bound by the constitution of the Fund.
3. I/We acknowledge that I/we have read and agree to be bound by the Acknowledgment and Indemnity contained on page 3 of the Transfer Form.
4. I/We consent to the Manager and Mr Whyte collecting the information provided in this document and attachments and declare that the information is true and correct. I/We agree to provide Mr Whyte with any further information required and confirm Mr Whyte may obtain further information to confirm my/our or our organisation's identity for the purpose of my/our investment or for the purposes of compliance with any laws.

	/	/
--	---	---

	/	/
--	---	---

14. SPECIAL INSTRUCTIONS/COMMISSION INSTRUCTIONS

[illegible]

Annexure A

Terms and conditions in relation to appointment of Authorised Delegate

An "authorised delegate" is any company, partnership or individual appointed by an investor to operate their account. The most common arrangement is to appoint an investor's financial adviser to enable him or her to better manage the investor's financial affairs.

An investor may appoint an authorized delegate by signing and dating the authority on the Application Form. The authorized delegate must also sign the authority. Where the authorised delegate is a corporation or a partnership, a duly authorised officer or partner of the authorized delegate must sign the authority. The Manager or Mr Whyte may require proof of authorisation.

The authorised delegate has the same powers as an investor to access investments. In the case of an authorised delegate which is a corporation or a partnership, the Manager or Mr Whyte may act on the instructions of any person it reasonably believes to be an authorised officer or partner, and any instruction given by such an officer or partner shall be deemed to have been given by the authorised delegate.

Investors may at any time, in writing, notify the Manager or Mr Whyte of the revocation of appointment of an authorised delegate. Such revocation however, will not be effective until the Manager or Mr Whyte has acknowledged the revocation in writing.

By signing the authority on the Application Form, an investor agrees to release, discharge and indemnify the Manager and Mr Whyte from and against all actions, proceedings, accounts, claims and demands arising from the release of information to the authorised delegate named on the Application Form, or in respect of any loss or liability arising out of any transaction or dealing made or purported to be made pursuant to an actual, purported or alleged direction or authority of an authorised delegate, notwithstanding the fact that the transaction or dealing was requested or received without the authorised delegate's or the investor's knowledge or authority.

Executed as a Deed by:

Investor 1

Signature:.....

Witness:.....

Date:.....

Investor 2

Signature:.....

Witness:.....

Date:.....