

**LM FIRST MORTGAGE INCOME FUND
(RECEIVER APPOINTED) ARSN: 089 343 288 ("THE FUND")**

To:

The Fund has received a request from _____ as Trustee(s) for _____ to transfer its unit holding to the name of _____.

To facilitate this transfer, as Trustee(s) of the Trust/Superannuation Fund, please confirm the following statements:

1. The Trustee(s) are the only Trustee(s) of the Trust/Superannuation Fund;
2. The transfer request is permitted under the rules governing the Trust/Superannuation Fund; and
3. In making the transfer to the Transferees, the Trustee(s) are acting under proper authority and in accordance with all proper law for the transfer of an asset out of the Trust/Superannuation Fund.

The statements above are confirmed as correct by all Trustees of the Trust/Superannuation Fund as follows:

Trustee Name:	Trustee Signature:	Date:
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Trustee Name:	Trustee Signature:	Date:
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