

Withdrawal Form

TRILOGY FUNDS MANAGEMENT LIMITED
ACN 080 383 679 | AFSL 261425

Please complete form to withdraw funds from your account

Investor Name	<input type="text"/>
Investor Number <i>(if ascertainable)</i>	<input type="text"/>
Postal Address	<input type="text"/>
	<input type="text" value="Postcode"/>

Is this a full withdrawal?

YES, principal balance plus any accrued interest.

NO, please state amount of withdrawal \$

Which investment account are funds being withdrawn from?

Short Term Investment Account for the Trilogy Investor Choice Syndicated Mortgage Income Trust ARSN 090 775 170

Trilogy First Mortgage Income Trust ARSN 121 846 722
(Withdrawal fee applicable where investment period is less than 12 months)

Please credit funds to the following account

Account Name	<input type="text"/>
Account Number	<input type="text"/>
Bank	<input type="text"/>
Branch	<input type="text"/>
BSB	<input type="text"/>

Signatures

Signature of Individual/Director/ Sole Director/Secretary/Sole Secretary/Trustee <i>(please circle)</i>	<input type="text"/>	Date	<input type="text" value="/ /"/>
Print Name	<input type="text"/>		

Signature of Individual/Director/ Sole Director/Secretary/Sole Secretary/Trustee <i>(please circle)</i>	<input type="text"/>	Date	<input type="text" value="/ /"/>
Print Name	<input type="text"/>		

PLEASE SIGN AND RETURN TO:
TRILOGY FUNDS MANAGEMENT
GPO BOX 1648
BRISBANE QLD 4001

or

FAX TO:
1800 997 705 or
07 3039 2829

Please call the Trilogy Client Services Team on 1800 230 099 with any questions.