

Direct Debit Request

This Direct Debit Request is issued by TrilogY Funds Management Limited (TrilogY) ABN 59 080 383 679 AFSL 261425 is the Responsible Entity for the purposes of investing in the Trust or Fund listed in Section 3.

Please fill in all relevant sections of this form in blue or black pen using BLOCK letters.

Print X in the appropriate boxes to indicate your response. Do not use whiteout on this form. If you need to correct a mistake, cross out the section to be corrected, accompanied with your full signature.

Section 1: Details of Holding

Investor ID	Account Name	
<input type="text"/>	<input type="text"/>	
Street or PO Box	City, State, and Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Phone	
<input type="text"/>	<input type="text"/>	

Section 2: Bank Information

DETAILS OF ACCOUNT TO BE DEBITED

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

FINANCIAL INSTITUTION

Institution Name		
<input type="text"/>		
Street	City, State, and Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3: Investment you are lodging the Direct Debit for

<input type="checkbox"/> TRILOGY MONTHLY INCOME TRUST Product Disclosure Statement dated 17 December 2018 ARSN 121 846 722	<input type="checkbox"/> TRILOGY ENHANCED INCOME FUND Product Disclosure Statement dated 28 July 2020 ARSN 614 682 469
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Section 4: Direct Debit Details

I request that you debit my/our account in accordance with the terms and conditions contained within the declarations section of this Direct Debit Request

First Deposit Amount	\$	<input type="text"/>
Regular Deposit Amount	\$	<input type="text"/>

WHEN WOULD YOU LIKE THE DEPOSIT TO BE PROCESSED?

<input type="checkbox"/> Immediately	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other Date	<input type="text"/>
<input type="checkbox"/> Day of Week	<input type="text"/>	<input type="checkbox"/> One Off Date	<input type="text"/>		

Declarations

By signing this Direct Debit Form I/We declare that:

- You authorise Trilogy Funds Management Limited (we/us) to debit your nominated account in the name and in the manner specified in the Direct Debit Request.
- By signing a Direct Debit Request or by providing us with a valid instruction, you have authorised and are providing a valid instruction to Trilogy Funds Management Limited, in respect of any investment amount, to arrange for funds to be debited from the account nominated above.
- We will only arrange for funds to be debited from your account as authorised on this Direct Debit Request Form.
- If the due date for payment falls on a day which is not a business day in Queensland, then a Debit transaction will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the Debit transaction will be processed to your account.
- You will need to check with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions. If you are uncertain, you should check with your financial institution before signing a Direct Debit Request, to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
- You will need to give us at least 14 working days notice in writing if you wish to defer or alter any of the debit arrangements. This can be done by
 - a) writing to investorrelations@trilogyfunds.com.au; or
 - b) by phoning us on 1800 230 099.
- You will need to advise us in writing if you wish to stop a payment being processed or cancel a Direct Debit Request. Such notice should be delivered to us at least 14 working days before the due date for payment or as otherwise stipulated in our Terms and Conditions. All requests for stops or cancellations must be referred to us in the first instance.
- We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the debit arrangement in place between us.
- It is your responsibility to ensure that there are sufficient clear funds available in your account to enable a debit payment to be made in accordance with the Direct Debit Request.
- If there are insufficient clear funds in your account to meet a debit payment:
 - (a) you may be charged a fee and/or interest by your financial institution;
 - (b) you may also incur fees or charges imposed or incurred by us; and
 - (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- Before completing the Direct Debit Request, you should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
- If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit for payment, notwithstanding that this may exceed the maximum amount stated in the Direct Debit Request.
- If you believe that there has been an error in debiting your account, you should notify us directly on 1800 230 099 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up directly with your financial institution.
- If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding in writing.
- If we cannot resolve the dispute you can contact your financial institution at which your nominated account is held. Your financial Institution will then commence a formal claims procedure on your behalf.
- We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed.
- We will only disclose information that we have about you:
 - (a) to the extent specifically required by law; or
 - (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

SIGNATURE OF APPLICANT 1

DATE

GIVEN NAME

SURNAME

SIGNATURE OF APPLICANT 2

DATE

GIVEN NAME

SURNAME