

Withdrawal Form Alceon Debt Income Fund

ARSN: 650 960 820

RESPONSIBLE ENTITY PARTNERS LIMITED

ABN: 11 119 757 596

AFSL: 304542

This Withdrawal Form is part of the Product Disclosure Statement dated 1 July 2021 ('PDS') relating to units in the Alceon Debt Income Fund ARSN 650 960 820 (the **Fund**) issued by Responsible Entity Partners Limited ABN 11 119 757 596, AFSL 304542 (the Responsible Entity). The PDS contains information about investing in the Fund. You should read the PDS before applying to withdraw units in the Fund. Unless otherwise defined, capitalised terms in this Withdrawal Form have the meaning given to them in the PDS.

Please use black ink and complete the applicable sections in BLOCK LETTERS.

Valid Withdrawal Request Forms received by 5.00pm (Sydney time) on the last Business Day (as defined) of any calendar month. Withdrawal proceeds will be credited to your nominated bank account.

Please use BLOCK capital letters and tick (✓) boxes where applicable.

1 Investor Details

Investment number _____

Investor name _____

Registered address _____

Town/Suburb _____ State _____ Postcode _____

Telephone _____ Facsimile _____

Email _____

2 Withdrawal Details

Please select one of the following:

Close my account and pay me my entire balance	Keep this minimum balance and pay me the balance	Please withdraw the below amount
Tick if applicable <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3 Payment Details

Please choose one of the following options:

Please direct credit the following bank account:¹

BSB -

Account number

Account name _____

Financial institution _____

¹ Third party payments are not permitted. The bank account name must match the name of the investor/s account name

4 Declaration and Signatures

General

1. I/We acknowledge that this withdrawal request is subject to the terms and conditions set out in the current PDS and available for the Fund at www.alceonre.com.au/adif)
2. I/We acknowledge and agree to the maximum extent permitted by law to release discharge and indemnify the trustee from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of the instructions given in this withdrawal form.
3. I/We declare that all details in this form are true and correct.
4. Please sign this form where indicated below. This form must be signed as per the current signing instructions we have on record. If no amendments have been made, the current signatories for the account are the individuals who signed the initial investment application form. If signed under a power of attorney, a certified copy of the power of attorney must be provided (unless already provided to Freehold).

Electronic Instructions

In respect of electronic instructions (email or fax) you agree and acknowledge that the Responsible Entity:

- will not accept electronic instructions unless it is accompanied by the scanned or faxed signature(s) and/or company seal of the investor(s);
- are not responsible for any loss or delay that results from a transmission not being received by the Responsible Entity;
- will only process electronic instructions received in full and signed by authorised signatories;
- will not accept a receipt confirmation from the sender's facsimile machine or computer as evidence of receipt of the instructions;
- will not compensate you for any losses relating to electronic instructions, unless required by law; and
- do not take responsibility for any fraudulent or incorrectly completed electronic instructions.

In the event of fraud you agree to release the Responsible Entity from and indemnify the Responsible Entity against, all losses and liabilities whatsoever arising from our acting in accordance with any instructions received electronically bearing your Investment number and a signature purportedly yours or that of an authorised nominee.

Investor 1 / Company signatory name and title / Trustee

Director Company Secretary Sole Trader Director/Company Secretary Trustee

Title _____ Surname _____

Given name(s) _____

Date / /

Signature of Investor 1 / Company signatory name / Trustee

Investor 2 / Company signatory name and title / Trustee

Director Company Secretary Sole Trader Director/Company Secretary Trustee

Title _____ Surname _____

Given name(s) _____

Date / /

Signature of Investor 2 / Company signatory name / Trustee

Send to:

Email: registry@mainstreamgroup.com
By fax: +61 2 9251 3525
By Mail: Unit Registry - Freehold GPO Box 4968, Sydney, NSW 2000