

# Withdrawal Form Alceon Australian Property Fund

ARSN: 169 952 738

MELBOURNE SECURITIES CORPORATION LIMITED is the Responsible Entity for the Alceon Australian Property

ACN: 160 326 545 AFSL: 428289



### 1 Withdrawal Form

This Withdrawal Form is part of the Product Disclosure Statement dated 30 September 2022 ('PDS') relating to units in the Alceon Australian Property Fund ARSN 169 952 738 (the **Fund**) issued by Melbourne Securities Corporation Limited ACN 160 326 545, AFSL 428289 (the Responsible Entity). This Withdrawal Form is to be used to request a withdrawal of units in the Fund and should be read in conjunction with the PDS. Unless otherwise defined, capitalised terms in this Withdrawal Form have the meaning given to them in the PDS.

If you wish to withdraw units in the Fund, please return your Withdrawal Form to the Fund's administrator by mail, facsimile, or email.

Mail: Alceon Australian Property Fund, c/- Mainstream Fund Services, GOI Box 4968, Sydney, NSW 2000

Email: registry@mainstreamgroup.com

Fax: +61 2 9251 3525

The minimum withdrawal amount is \$1,000. Valid Withdrawal Requests Forms received by 5.00pm (Sydney time) on the second last Business Day of the relevant week will be processed as received as that week (providing the Fund is liquid and the approval of withdrawals has not been suspended). It is the responsibility of the Unitholder to return their completed Withdrawal From with sufficient time to meet this closing time. Withdrawal proceeds will be credited to your nominated bank account.

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

## 2 Investor Details

| Investment number   |            |        |           |
|---------------------|------------|--------|-----------|
| Investor name       |            |        |           |
| ACN (if applicable) |            |        |           |
| Registered address  |            |        |           |
| Town/Suburb         |            | _State | _Postcode |
| Telephone           | _Facsimile |        |           |
| Email               |            |        |           |

## 3 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 | Please withdraw the below number of units |  |
|---|--|----------------------------------|---|--|
| Tick is applicable                            | \$   | \$ .                             |   |  |

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# 4 Payment Details

Please provide your bank details for payment of the withdrawal amount. The nominated account must be an Australian bank, building society, or credit union account, not a credit card account or an account with a foreign institution. Third party payments are not permitted. This account must be in the investor/s' name.

The account to which distributions are paid; or (please provide details below)—

Financial institution

Branch location

Account name

Branch number (BSB)

Account Number

# 5 Declaration and Signatures

When you complete this Withdrawal Form you make the following declarations:

- 1. I/We acknowledge that this withdrawal request is subject to the terms and conditions set out in the current PDS as well as the Fund's constitution (as amended from time to time).
- I/We acknowledge that under the Fund's constitution, the Responsible Entity has up to 12 months to satisfy any approved withdrawal request.
- ii. I/We agree that the Responsible Entity is entitled to act on the instructions contained within this Withdrawal Form without further enquiry.
- iii. I/We acknowledge that, to process this request, the Responsible Entity may ask me/us for additional information in order to confirm my/our identity or to confirm other details on this form, and the processing of my/our request may be delayed until the information is provided.
- iv. I/We acknowledge and agree to the maximum extent permitted by law to release discharge and indemnify the Responsible Entity 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.
- v. I/We declare that all details in this form are true and correct.

#### Signatures

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 with this form (unless already provided to the Responsible Entity).

#### **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.

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<sup>&</sup>lt;sup>1</sup> Third party payments are not permitted. The bank account name must match the name of the investor/s account name



#### Investor 1 / Company signatory name and title / Trustee

| Signature   |  |  |
|---|--|--|
|   |  |  |
|   |  |  |
| Date / / / / / / / / / / / / / / / / / / /                                |  |  |
| Name  |  |  |
|   |  |  |
| Director Company Secretary Trustee Sole Director Attorney Other           |  |  |
| Investor 2 / Company signatory name and title / Trustee                   |  |  |
| Director Company Secretary Sole Trader Director/Company Secretary Trustee |  |  |
| TitleSurname  |  |  |
| 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 - Alceon Australian Property Fund GPO Box 4968, Sydney, NSW 2000

3456-2477-6981, v. 2