

## **INVESTMENT APPLICATION FORM**

There is a PDS dated 6 August 2020 for investing in the Murdoch Clarke Mortgage Fund issued by Murdoch Clarke Mortgage Management Limited ACN 115 958 560 AFSL No.296758. The PDS contains information about investing in the Murdoch Clarke Mortgage Fund and it is recommended that investors read the entire PDS before deciding to invest in the Murdoch Clarke Mortgage Fund. Any person who gives another person access to this application form must at the same time and by the same means give the other person access to the PDS and any supplementary documents. The Responsible Entity will send paper copies of the PDS without charge (within Australia) upon request.

(Please use BLOCK LETTERS and complete BOTH SIDES of this form)

| NAME 1                                                                                                         | SURNAME(S) |                     | GIVEN NAME(S)       |           |               |  |
|----------------------------------------------------------------------------------------------------------------|------------|---------------------|---------------------|-----------|---------------|--|
| PLEASE CIRCLE MR / MRS / MS / MISS                                                                             |            |                     |                     |           |               |  |
|                                                                                                                |            |                     | Date Birth          | /         | /             |  |
| NAME 2                                                                                                         | SURNAME(S) |                     | GIVEN NAME(S)       |           |               |  |
| PLEASE CIRCLE MR / MRS / MS / MISS                                                                             |            |                     |                     |           |               |  |
|                                                                                                                |            |                     | Date Birth          | /         | /             |  |
| COMPANY/PARTNERSHIP/<br>TRUST/BUSINESS NAME                                                                    |            |                     |                     |           |               |  |
| PLACE OF INCORPORATION                                                                                         |            |                     | ACN/ARBN            |           |               |  |
|                                                                                                                |            |                     |                     |           |               |  |
| RESIDENTIAL ADDRESS                                                                                            |            |                     |                     |           |               |  |
|                                                                                                                |            |                     | Postcode            |           |               |  |
|                                                                                                                |            |                     |                     |           |               |  |
| MAILING ADDRESS                                                                                                |            |                     |                     |           |               |  |
|                                                                                                                |            |                     | Postcode            |           |               |  |
|                                                                                                                |            |                     |                     |           |               |  |
| EMAIL ADDRESS                                                                                                  |            | EMAIL STATEN        | MENT                | Yes       | No            |  |
| TELEPHONE After Hours:                                                                                         |            | Business Hours:     |                     |           |               |  |
| DEPOSIT AMOUNT                                                                                                 |            | \$                  |                     |           |               |  |
| Do you want to add this application to your existing account?                                                  |            | Account no.         |                     |           |               |  |
| No Yes                                                                                                         |            | Please make cheques | payable to 'Murdoch | Clarke Mo | ortgage Fund' |  |
|                                                                                                                |            |                     |                     |           |               |  |
| ADDITIONAL INVESTMENTS                                                                                         |            |                     |                     |           |               |  |
| I/We elect to participate in the additional investments arrangements described on page 39 of the PDS           |            |                     |                     |           |               |  |
| AUDITED ACCOUNTS                                                                                               |            |                     |                     |           |               |  |
| I/We elect not to receive a copy of the audited financial statements                                           |            |                     |                     |           |               |  |
| EMAIL ALERT WHEN MATERIAL INFORMATION UPDATED ON WEBSITE                                                       |            |                     |                     |           |               |  |
| I/WE elect to receive an email alert when material information about the Fund is updated on the Fund's website |            |                     |                     |           |               |  |

| INTEREST DISTRIBUTION                                                                                                                                                                                                                                                                      | BANK, CREDIT UNION, ETC. DETAILS |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|--|--|--|
| Reinvest                                                                                                                                                                                                                                                                                   | Bank Name                        |  |  |  |  |
| Bank, Credit Union or Building Society                                                                                                                                                                                                                                                     | Bank BSB No.                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                            | Account No.                      |  |  |  |  |
|                                                                                                                                                                                                                                                                                            | Account Name                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                            |                                  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            |                                  |  |  |  |  |
| WRITTEN WITHDRAWAL AUTHORISATION                                                                                                                                                                                                                                                           |                                  |  |  |  |  |
| Complete for joint applications only                                                                                                                                                                                                                                                       | Both to sign Either to sign      |  |  |  |  |
| TAX FILE NUMBER QUOTATION OR EXEMPTION                                                                                                                                                                                                                                                     |                                  |  |  |  |  |
| Collection of tax file numbers is authorised by Tax Law. Quotation is not compulsory, but tax may be taken out of your income distribution if you do not quote your tax file number or exemption.                                                                                          |                                  |  |  |  |  |
| TAX FILE NUMBER APPLICANT 1                                                                                                                                                                                                                                                                | TAX FILE NUMBER APPLICANT 2      |  |  |  |  |
|                                                                                                                                                                                                                                                                                            |                                  |  |  |  |  |
| OR EXEMPTIONS (PLEASE TICK ONE)                                                                                                                                                                                                                                                            |                                  |  |  |  |  |
| Pensioner                                                                                                                                                                                                                                                                                  | Non-Resident                     |  |  |  |  |
| Association or Other Entity Not Required to Lodge a Tax                                                                                                                                                                                                                                    | Return                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                            |                                  |  |  |  |  |
| DECLARATION                                                                                                                                                                                                                                                                                |                                  |  |  |  |  |
| I/We have received and read the PDS dated 6 August 2020 and agree to be bound by its terms and conditions and the Constitution of the<br>Murdoch Clarke Mortgage Fund. I/We declare that all details given in this application are true and correct. I/we acknowledge:                     |                                  |  |  |  |  |
| (a) the partners of Murdoch Clarke Lawyers have an interest in the Fund;                                                                                                                                                                                                                   |                                  |  |  |  |  |
| (b) the Fund does not form part of the legal practice of Murdoch Clarke;<br>(c) there is no claim against the Solicitors' Guarantee Fund for any pecuniary loss arising from an investment in the Fund; and                                                                                |                                  |  |  |  |  |
| (d) there is no right to a claim against the professional indemnity insurance held by Murdoch Clarke for any loss arising from an investment in the Fund.                                                                                                                                  |                                  |  |  |  |  |
| If this application is signed by an attorney, the attorney states that there has been no notice of revocation of the power of attorney under the authority of which this application is signed. Any Tax File Number supplied at any time may be applied to this investment and previous or |                                  |  |  |  |  |
| future investments in my/our names. 🗌 I agree to have my identity information verified with the Issuer or Official Record Holder via third party systems for the purpose of                                                                                                                |                                  |  |  |  |  |
| verifying my identity                                                                                                                                                                                                                                                                      |                                  |  |  |  |  |
| SIGNATURE(S)                                                                                                                                                                                                                                                                               |                                  |  |  |  |  |
| All joint investors must sign.                                                                                                                                                                                                                                                             |                                  |  |  |  |  |
| Corporate investors must sign in accordance with the Corporations Act 2001.                                                                                                                                                                                                                |                                  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            | Where did you hear about MCMF?   |  |  |  |  |
|                                                                                                                                                                                                                                                                                            | Print media                      |  |  |  |  |
| SIGNATURE 1                                                                                                                                                                                                                                                                                | Facebook                         |  |  |  |  |
| DATE / /                                                                                                                                                                                                                                                                                   | Google                           |  |  |  |  |
| [                                                                                                                                                                                                                                                                                          | Billboard                        |  |  |  |  |
|                                                                                                                                                                                                                                                                                            | Word of mouth                    |  |  |  |  |
| SIGNATURE 2                                                                                                                                                                                                                                                                                | Other (please specify)           |  |  |  |  |
| DATE / /                                                                                                                                                                                                                                                                                   |                                  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            |                                  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            |                                  |  |  |  |  |

ABN **84 115 958 560** Australian Financial Services Licence Number **296758** Australian Credit Licence Number **296758**