WITHDRAWAL AUTHORITY

The Mortgage Fund ARSN 088 928 081

INVESTMENT DETAILS

Investment Name (Investor)	ABN/ACN (If applies)	Investment Number

SIGNING AUTHORITIES

Signing Authority for Withdrawals (Who can authorise Withdrawals?)

Signing authority for Withdrawals has been given to:

☐ **Any 1** ☐ **Any 2** ☐ **All**

Of the persons whose details appear below as Authorising Parties

OR You may authorise one the following person to make withdrawals:

Full Name:	

CONDITIONS

This Withdrawal Authority is to be completed and submitted in addition to the Application Form contained in the current Product Disclosure Statement (PDS). It must be signed by the relevant authorised Investor(s).

I/We have authorised the specified authorities, as set out below, and where applicable in accordance with the Fund's constitution, to withdraw or redeem units payable to the Investor. I/We acknowledge that in redeeming units, the specified authorities may direct Stacks Finance to pay such redemptions to third parties.

I/We warrant that I/we am/are legally authorised to complete this Withdrawal Authority on behalf of the Investor and confirm that I/we will notify Stacks Finance in writing immediately once I/we am/are no longer so legally authorised.

I/We acknowledge that Stacks Finance is not obliged to honour applications or redemptions where it is not satisfied that the signatures appearing on those Application Forms and Withdrawal Forms match the relevant specimen signatures held or where such forms are not clear or complete.

I/We agree to be bound by the provisions of the Trust Deed dated 31 August 1999 as amended from time to time, and acknowledge that I/we have read the current Product Disclosure Statement and Benchmark Report, and declare the details on this form are correct.

I/We consent to the management and use of my/our personal information in accordance with the terms of Stacks Finance's privacy policy, as made available on the Stacks Finance website, including the uses and disclosures set out in the policy.

AUTHORISING PARTIES

Signature (Investor 1)	
Date	
Full Name	
Capacity	☐ **Sole Director** ☐ **Director** ☐ **Secretary (Company Only)** ☐ **Other (please specify:**

Signature (Investor 2)	
Date	
Full Name	
Capacity	☐ **Sole Director** ☐ **Director** ☐ **Secretary (Company Only)** ☐ **Other (please specify:**
Signature (Investor 3)	
Date	
Full Name	
Capacity	☐ **Sole Director** ☐ **Director** ☐ **Secretary (Company Only)** ☐ **Other (please specify:**

DELETE AUTHORISING PARTIES

Please list any parties you would like to delete as Authorising Parties (requires the approval of all investors)

Full Name of Person to be Deleted	**Investor Signature**	**Date**	
			☐ **Delete Party**
			☐ **Delete Party**
			☐ **Delete Party**