

# Payment Direction Notice

This form is to be completed by Investors who wish to direct all or part of their payment relating to the 2022 Withdrawal Offer for their investment in the Trilogy Industrial Property Trust ARSN 623 096 944 to be invested in the Trilogy Monthly Income Trust ARSN 121 846 722 or Trilogy Enhanced Income Fund ARSN 614 682 469, issued by the responsible entity Trilogy Funds Management Limited ABN 59 080 383 679 AFSL 261425 (Trilogy Funds or the Responsible Entity).

This is an editable PDF and can be completed on your computer. If you prefer to complete a printed version, please write in BLOCK letters using either a blue or black pen only. 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.

**Please provide your Investor ID:**

## Section 1: Direction to pay

I/We

instruct and direct that the amount, expected to be made to me/us subject to any scaling back of the withdrawal proceeds I/we receive (**Payment**) from participation in the 2022 Withdrawal Offer, relating to my/our investment in the Trilogy Industrial Property Trust, be applied as either an initial contribution or an additional contribution to an/my/our investment in the Trilogy Monthly Income Trust ARSN 121 846 722 (**Trust**) or Trilogy Enhanced Income Fund ARSN 614 682 469 (**Fund**) in accordance with the following (**Direction**):

[MUST COMPLETE] Please specify below by either selecting the relevant box or marking X:

I/We instruct and direct that:                 All of my/our Payment, OR  
  
  %   % of my/our Payment,

be directed to be applied as an initial/additional contribution to an/my/our existing investment in the below Trust/Fund, to then be subject to the normal procedures for that Trust/Fund.

Trilogy Monthly Income Trust                 Trilogy Enhanced Income Fund

## Section 2: Declarations

By signing this Direction I/we declare that:

- I/We understand that the operation of this Direction is dependent on the 2022 Withdrawal Offer not being cancelled and subject to the terms and conditions of the 2022 Withdrawal Offer.
- I/We understand that this instruction to direct my/our Payment as an additional contribution to my/our investment in the Trilogy Monthly Income Trust or Trilogy Enhanced Income Fund.
- I/We have read and understood the Product Disclosure Statement (PDS) dated 17 December 2018 for Trilogy Monthly Income Trust and 28 July 2020 for Trilogy Enhanced Income Fund, the relevant Target Market Determination dated 1 October 2021 for each of those products and the updated information provided to me/us including via the Trilogy Funds website.
- I/We understand that will be processed on or before 21 March 2022. Trilogy Funds reserves the right not to process this Direction for any reason and reject the initial/additional contribution for investment in the Trilogy Monthly Income Trust, or the Trilogy Enhanced Income Fund, as set out in the respective PDSs.
- I/We have been given the opportunity to take my/our own independent personal financial advice before deciding to proceed with this Direction.
- I/We have not received any personal financial product advice from Trilogy Funds in making this Direction.
- I/We understand a representative of Trilogy Funds may contact me/us about this Direction and the Direction may not be processed until deemed by Trilogy Funds to be a valid Direction.

- I/We declare that I/we have fully read this Direction and the information I/we have given on this Direction is true and correct.
- I/We declare that my/our current details (including nominated financial institution account registered with Trilogy Funds) are up to date and correct.
- I/We understand that if I/we am/are making an initial contribution into either the Trilogy Monthly Income Trust or the Trilogy Enhanced Income Fund, acceptance of our contribution will be subject to providing a completed Application Form and all required documents that Trilogy may require.

### Section 3: Signatures

**All Signatories must sign**

Signature of Investor 1		Signature of Investor 2 (where applicable)	
Date		Date	
Given name	Surname	Given name	Surname

Please tick	Individual	Individual
	Director	Director
	Company Secretary	Company Secretary
	Trustee	Trustee

Please contact Investor Relations via phone on 1800 230 099 or email [investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au), or speak with your Financial Adviser if you have any questions.

### How to submit your Payment Direction Notice Form

**Please email your completed form to:**

[investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au)

**or post**

Trilogy Funds Management Limited  
GPO Box 1648, BRISBANE QLD 4001

*Copies of the Trilogy Monthly Income Trust and Trilogy Enhanced Income Fund, Target Market Determinations (TMD) can be found online at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms)*