

Withdrawal Form

This Withdrawal Form is issued by Trilogy Funds Management Limited (Trilogy) ABN 59 080 383 679 AFSL 261425 as Responsible Entity for each Trust listed in Section 4. Please fill in all relevant sections of this form in blue or black pen and using BLOCK letters. Print X in the appropriate boxes to indicate your response. 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.

Section 1: Details of holding

INVESTOR ID

ACCOUNT NAME

Section 2: Postal address

STREET OR PO BOX

CITY, STATE, AND POSTCODE

COUNTRY

Section 3: Contact details

EMAIL

PHONE

Section 4: Trust you are lodging the withdrawal for

TRILOGY MONTHLY INCOME TRUST
ARSN 121 846 722

USELECT MORTGAGE INVESTMENTS
ARSN 606 019 907

TRILOGY ENHANCED INCOME FUND
ARSN 614 682 469

Section 5: Withdrawal type

PARTIAL WITHDRAWAL
(PLEASE STATE AMOUNT OF WITHDRAWAL) \$ _____

FULL WITHDRAWAL

Section 6: Payment of withdrawal proceeds

Pay to pre-nominated Australian financial institution account

Pay to Trilogy Funds Management Limited The Trustee for Trilogy Funds Applications Account (an application form for the Trust you wish to make an investment in must be received within one month from the date this Withdrawal Form is received and processed by us).

Section 7: Reason for withdrawal

Alternative investment

Personal reasons

Property settlement

Other

Section 8: Declarations

By signing this Withdrawal Form I / We declare that:

- I / we have been given the opportunity to take my / our own independent personal financial advice before deciding to proceed with this Withdrawal.
- I / we have not received any personal financial product advice from Trilogy in making this withdrawal.
- I / we understand that this withdrawal may be processed on such date as determined by Trilogy. Trilogy reserves the right to not process this withdrawal for any reason.
- I / we acknowledge that this withdrawal request is subject to the terms and conditions set out in the current offer document for the relevant Trust from which the Units / Investment are being redeemed (or, in the case of a Trust where there is no current offer document, the terms and conditions which are so far as is practicable, the same as the terms and conditions as set out in the last offer document of that Trust) and the constitution of that Trust (as amended) at the time of withdrawal.
- I / we instruct Trilogy, in relation to a withdrawal where there has been a change of account holder information from the original application, to contact an authorised signatory on the account to confirm that the instruction we have received is authorised.
- If the withdrawal proceeds are to be paid to Trilogy Funds Management Limited The Trustee for Trilogy Funds Applications Account, then:
 - I / we have read and understood the Product Disclosure Statement (PDS) for the relevant Trust that relates to the application that I / we have made (or intend to make) and I / we will provide, or have provided, a completed application form.
 - I / we understand and agree to my / our withdrawal proceeds being transferred to and held as application money in an account held in the name of *Trilogy Funds Management Limited as the trustee for Trilogy Funds Applications Account*, in accordance with the provisions of the *Corporations Act 2001*.
 - I / we acknowledge that, should no application form be received within one month from the date this Withdrawal Form is received and processed by us, then my / our withdrawal proceeds will be paid to my / our pre-nominated Australian financial institution account.

Section 9: Signatures (all required signatories must sign)

SIGNATURE OF INVESTOR

DATE

GIVEN NAME

SURNAME

SIGNATURE OF INVESTOR

DATE

GIVEN NAME

SURNAME

How to submit your Withdrawal Form

Please email or post your Withdrawal Form to:

Trilogy Funds Management Limited

GPO Box 1648, BRISBANE QLD 4001

investorrelations@trilogyfunds.com.au