

Client Services contact details

Phone

Within Australia: 1300 011 088 International: +61 2 8022 7487

Email

daintree.transactions@unitregistry.com.au

Additional Application Form

Use this form if you are an existing investor and wish to make an additional investment.

Please complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid, cross out your mistakes and initial your changes.

Read and ensure you understand the Product Disclosure Statement (PDS) and Target Market Determination (TMD); OR the Information Memorandum (IM) for the Trust you are making an additional investment in. The PDS and TMD; OR the IM are available on our website www.daintreecapital.com.au, or from your financial adviser. Ensure you have completed the following: written your investor number and account name as it appears on your latest statement written the amount in Australian or New Zealand dollars, depending on your investment choice ticked the standing instruction box (if applicable) selected the payment method you would like to use signed the form as per the 'signing instructions' in section 6. Send your documents to us. You can return your forms by post or email according to the details below: Send by post: **Daintree Trusts Registry Services** GPO Box 804 Melbourne VIC 3001 Scan and email to: daintree.transactions@unitregistry.com.au 4. Transfer your application money to us.

Please refer to section 4 'Payment of application amount'.

Perennial Investment Management Limited (PIML) ABN 13 108 747 637, AFSL 275101 is the Responsible Entity and issuer of this Additional Application Form.

1 Investor d	etails		
Investor number	Ac	count name	
2 Investmen	nt details and distribution instructions		
Please specify the a	mount(s) you wish to invest. The minimum addi	tional investment is usually AL	JD\$5,000 for each Trust.
election. If you have	g unit holder in the Trust for which you are apply not previously provided your bank account infor e not made one before, distributions will be reinv	mation, please complete a Cha	
TRUST NAME		INVESTMENT AMOUNT \$AUD	DISTRIBUTION OPTION (indicate preference with an X) Pay to my bank a/c Reinvest
Daintree Core Inco	ome Trust		
Daintree High Inco			
Daintree Hybrid O	pportunities Fund (Managed Fund)		
TRUST NAME		INVESTMENT AMOUNT \$NZD	DISTRIBUTION OPTION (indicate preference with an X) Pay to my bank a/c Reinvest
Daintree Core Inco	ome Trust Class NZD		
Daintree High Inco	ome Trust Class NZD		
3 Other inst			
-	ge your other instructions (such as your reportin e relevant form, available from www.daintreecap	= :	er information, or contact details),
4 Payment of	application amount - AUD		
	ayment method and complete the relevant	Direct debit authority – Australian bank accounts only	
section if applicable. All payments must be made in AUD. I am making my payment by:		You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.	
Electronic Funds Transfer (EFT)			
Direct debit			
BPAY®		By completing and signing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Perennial Investment Management Limited, as set out in this request and in your Direct	
EFT	Peropoial Investment Management	Debit Request Service Agre	ement, available here.
Account name:	Perennial Investment Management Limited - Applications Account		
BSB:	342-011 691649-002	Financial institution name	
Account number: Your reference:			
. Jan Totololico.		Pranch name	
Tour reference.	[please use the name of the investor]	Branch name	
rour reference.		Branch name BSB number Account r	number
Todi reference.			number

I/We request and authorise Perennial Investment Management Limited ABN 13 108 747 637 (User ID 653095) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by our administrator.

Signature of primary bank account holder	number (for refere are listed below.	
	FUND	
Please print full name	Daintree Core Incor	
Date (DD/MM/YYYY) DD / MM / YYYYY	Daintree High Inco	
Signature of joint bank account holder (if applicable)	Daintree Hybrid Op Fund (Managed Fu	
Please print full name Date (DD/MM/YYYY)	Contact your bank from your cheque More info: www.bp ® Registered to B	
DD / MM / YYYY		
5 Payment of application amount – NZD		

BPAY – telephone and internet banking

You can make your payment using telephone or internet

You will need to quote the biller code and your account ence) when making this payment. Biller codes

FUND	BPAY DETAILS
Daintree Core Income Trust	Biller code 216812 Reference number [Account Number]
Daintree High Income Trust	Biller code 216820 Reference number [Account Number]
Daintree Hybrid Opportunities Fund (Managed Fund)	Biller code 216838 Reference number [Account Number]

c or financial institution to make this payment , savings, debit or transaction account.

pay.com.au

PAY Pty Ltd ABN 69 079 137 518.

Select your payment method and complete the relevant section if applicable. All payments must be made in NZD.

Electronic Funds Transfer (EFT)

PERENNIAL INVESTMNT MGMT LTD Account name:

Application Account

BSB: 30-2940 0050357-061 Account number:

Your reference: [please use the name of the investor]

Signing instructions

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the current PDS
- monies deposited are not associated with crime, money laundering or terrorism financing, nor will monies received from your account have any such association
- you are not bankrupt or a minor, and
- you agree to be bound by the constitution of the Trust and the PDS as supplemented, replaced or re-issued from time to time.

Individual – where the investment is in one name, the account holder must sign.

Joint Holding – where the investment is in more than one name, all of the account holders must sign.

Companies – where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust – the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of investor i, director or authorised signatory			
Please print full name			
Date (DD/MM/YYYY)			
DD / MM / YYYY			
Company officer (please indicate company capacity)			
Director			
Sole director and company secretary			
Authorised signatory			
authorised signatory			
Please print full name			
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Date (DD/MM/YYYY) DD / / / / / / / / / / / / / / / / / /			
Company officer (please indicate company capacity)			
Director			
Company secretary			
Authorised signatory			