

Direct Debit Request Form

This form is issued the responsible entity Trilogy Funds Management Limited ABN 59 080 383 679 AFSL 261425 (Trilogy Funds) for the purposes of investing in the Trust or Fund listed in Section 3.

Please fill in all relevant sections of this form in blue or black pen using BLOCK letters.

Print X in the appropriate boxes to indicate your response. Do not use whiteout or erasable pen 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

	Applicant 1	Applicant 2
Investor ID		
Account name		
Company ABN/ARBN		
Street or PO Box		
City, State and Postcode		
Country		
Email		
Phone		

Section 2: Bank Information

Details of Account to be Debited

BSB	Account Number	Account name

Financial Institution

Institution Name		
Street	City, State, and Postcode	Country

Section 3: Investment you are lodging the Direct Debit for

Trilogy Monthly Income Trust

Product Disclosure Statement dated 20 May 2026
ARSN - 121 846 722
User Preferred Specification - Trilogy TMIT
User ID - 621085 **ABN** - 12 921 343 543

Trilogy Industrial Property Trust

Product Disclosure Statement dated 3 March 2025
ARSN - 623 096 944
User Preferred Specification - TRILOGY TFM TIPT
User ID - 647695 **ABN** - 59 080 383 679

Trilogy Enhanced Income Fund

Product Disclosure Statement dated 10 April 2024
ARSN - 614 682 469
User Preferred Specification - Trilogy TEIF
User ID - 621084 **ABN** - 37 283 249 609

Trilogy Essential Retail Fund

Product Disclosure Statement Dated 22 July 2025
ARSN - 687 648 068
User Preferred Specification - TRILOGY TFM TERF
User ID - 647695 **ABN** - 23 944 794 766

Section 4: Direct Debit Details

I/We request and authorise the debit of my/our account in accordance with the terms and conditions contained within the declarations section of this Direct Debit Request

First Deposit Amount \$	Regular Deposit Amount \$
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When would you like the deposit to be processed?

Immediately	Weekly	Fortnightly	Monthly	Other Date
Day of Week	One Off Date			

Section 5: Declarations

This is your Direct Debit Request Service Agreement with the entity or entities selected in section 3 above (the Debit User(s)). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep a copy of this form for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation form above. Please refer to the end of the form for a list of definitions.

By signing this Direct Debit Request Form you declare that:

- You request and authorise us to debit your nominated account in the name and in the manner specified in the Direct Debit Request.
- You authorise us to arrange with our financial institution the debit payment to be made through the Bulk Electronic Clearing System (BECS).
- By signing a Direct Debit Request Form or by providing us with a valid instruction, you have authorised and are providing a valid instruction to us, in respect of any investment amount, to arrange for funds to be debited from the account nominated above.
- We will only arrange for funds to be debited from your account as authorised on this Direct Debit Request Form.
- If the debit day does not fall on a banking day, then a debit payment will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the debit payment will be processed to your account.
- You will need to check with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions. If you are uncertain, you should check with your financial institution before signing a Direct Debit Request, to ensure that your nominated account is able to receive direct debits through the BECS.
- You will need to give us at least 14 working days notice in writing if you wish to defer or alter any of the Direct Debit arrangements. This can be done by:
 - emailing investorrelations@trilogyfunds.com.au; or
 - phoning us on 1800 230 099.
- You will need to advise us in writing if you wish to stop a payment being processed (Debit Item) or cancel a Direct Debit Request. Such notice should be delivered to us at least 14 working days before the debit day or as otherwise stipulated in our terms and conditions. All requests for stops or cancellations must be referred to us in the first instance.
- We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the Direct Debit arrangement in place between us.
- It is your responsibility to ensure that there are sufficient clear funds available in your account to enable a debit payment to be made in accordance with the Direct Debit Request.
- If there are insufficient clear funds in your account to meet a debit payment:
 - you may be charged a fee and/or interest by your financial institution;
 - you may also incur fees or charges imposed or incurred by us; and
 - you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- Before completing the Direct Debit Request, you should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
- If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit payment, notwithstanding that this may exceed the maximum amount stated in the Direct Debit Request.
- If you believe that there has been an error in debiting your account, you should notify us directly on 1800 230 099 and confirm that notice in writing with us as soon as possible so that we can resolve your query swiftly. Alternatively, you can take it up directly with your financial institution.
- If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding in writing.
- If we cannot resolve the dispute, you can contact your financial institution at which your nominated account is held. Your financial institution will then commence a formal claims procedure on your behalf.
- We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed.

Declaration and Acknowledgements continued on next page

- We will only disclose information that we have about you:
 - to the extent specifically required by law; or
 - for the purposes of this agreement (including disclosing information in connection with any query or claim).
- By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:
 - you are authorised to operate the nominated account; and
 - you have understood and agreed to the terms and conditions set out in this Direct Debit Request and in your declaration.

Definitions

- **account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited.
- **declaration** means this Direct Debit Request Service Agreement between you and us.
- **banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- **debit day** means the day that payment by you to us is due.
- **debit payment** means a particular transaction where a direct debit is made.
- **Direct Debit Request** means the written, verbal or online request between us and you to debit funds from your account.
- **us or we or our** means the Debit User(s), selected in section 3 above, that you have authorised by requesting a Direct Debit Request.
- **you** means the customer who has authorised the Direct Debit Request.
- **your Financial Institution** means the financial institution at which you hold the account is maintained you have authorised us to debit.

Signature of Applicant 1		Signature of Applicant 2	
Position Held (if applicable)		Position Held (if applicable)	
Date		Date	
Given name	Surname	Given name	Surname

How to submit your form

Please email or post your form and all required documents to:

Trilogy Funds Management Limited investorrelations@trilogyfunds.com.au
 GPO Box 1648, BRISBANE QLD 4001

Please contact us if you have any questions about the process.

Phone Investor Relations on 1800 230 099 (New Zealand callers phone +800 5510 1230) or email investorrelations@trilogyfunds.com.au