

## MPG Bulky Goods Retail Trust ARSN 105 947 199 Distribution Reinvestment Plan (DRP) Election Form

### Investor Details

Investor Account Name: \_\_\_\_\_ Investor ID: \_\_\_\_\_ / \_\_\_\_\_

### Please select one of the following distribution options

full participation in the DRP

part participation in the DRP – Number of Units: \_\_\_\_\_

withdrawal from the DRP and future distributions credited to the nominated bank account below

|  |   |                 |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|-----------------|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  | Name of bank account:   |                 |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Bank:   | Branch:         |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | BSB:  | Account number: |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |   |                 |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### Sign here

**This section must be signed for your instructions to be executed.**

I/We the registered holder(s) acknowledge that I/We have read and agree to be bound by the terms and conditions of the Distribution Reinvestment Plan for the MPG Bulky Goods Retail Trust as amended from time to time.

Note: this notice must be signed by the Unitholder(s), and if a corporation, under its common seal, or by attorney. If signed by an attorney, please forward the power of attorney to MPG Funds Management for noting, unless already noted. Please note that Notices which are incomplete or incorrectly signed will be invalid and ineffective and will be returned.

|  |  |
|--|--|
| Signature of Unitholder:   | Signature of Unitholder  |
| Print Name:  | Print Name:  |
| Date:  | Date:  |
| <input type="checkbox"/> Individual <input type="checkbox"/> Director <input type="checkbox"/> Sole Director/Secretary<br><input type="checkbox"/> Trustee <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Individual <input type="checkbox"/> Director <input type="checkbox"/> Sole Director/Secretary<br><input type="checkbox"/> Trustee <input type="checkbox"/> Other (please specify) |

### Where to send this form

Mail to: Investor Relations, MPG Funds Management, PO Box 1307 Camberwell Vic 3124  
 Or by email: invest@mpgfm.com.au

**Any questions? Please call us on 1300 668 247**