

MPG Essential Services Property Trust ARSN 160 633 205

Distribution Reinvestment Plan (DRP)

Election Form

Investor Details

Full name of registered holding account:

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:																						
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>															

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 Essential Services Property 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 Investor 1/Trustee/Company Officer:	Signature of Investor 2/Trustee/Company Officer:
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Name of Investor 1/Trustee/Company Officer:	Name of Investor 2/Trustee/Company Officer:
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Date:	Date:
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- | | |
|--|--|
| <input type="checkbox"/> Director <input type="checkbox"/> Sole Director and Company Secretary
<input type="checkbox"/> Trustee <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary
<input type="checkbox"/> Trustee <input type="checkbox"/> Other (please specify) |
|--|--|

Where to send this form

1. Mail to Investor Relations, MPG Funds Management, PO Box 1307, Camberwell Vic 3124
2. Or scan and email to invest@mpgfm.com.au

Any questions?
Please call us on 1300 668 247