

EXISTING INVESTOR APPLICATION FORM

Skyring Fixed Income Fund

Bonus Class

ARSN 622 775 464

Skyring Fixed Income Fund

Investor Services contact details

Phone Within Australia: 1300 73 72 74

International: +61 7 3363 1200

Email investor@skyring.com.au

Legal notices

This Application Form relates to the Product Disclosure Statement (PDS) dated **17 February 2025** relating to units in the Fund. The PDS contains important information about investing in the Fund and you should read it before applying for units.

Skyring Asset Management Limited
ABN 92 156 533 041 AFSL 422902
(Skyring) is the issuer of units in the Fund.

Please use this form if you wish to make an additional investment in the Skyring Fixed Income Fund.

1 INVESTOR DETAILS

Account Number

Account Name

2 INVESTMENT DETAILS

Please specify your application amount:

Please note, minimum additional investment amount \$1,000.

AUD

3 PAYMENT OF APPLICATION AMOUNT

Please select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

I am making my payment by:

EFT

Cheque

EFT

Account name: SKYRING FIXED INCOME FUND

BSB: 082 067

Account number: 36 969 3337

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

Cheque

Make your cheque payable to: Skyring Fixed Income Fund

Please cross it "not negotiable". Australian dollar cheques only.

4 DISTRIBUTION REINVESTMENT

I would like to participate in the DRP

FULL PARTICIPATION – Including any further applications

Please specify the number of units to participate in the DRP

PARTIAL PARTICIPATION

You can amend this at any time by contacting Skyring Investor Services.

Please note, if you select 'FULL PARTICIPATION', then this will apply to all your holdings for this account.

5 APPOINTMENT OF FINANCIAL ADVISER

Financial adviser must complete the following questions:

The applicant(s) named in this application are in the target market specified in the TMD for the Fund:

Yes No

If no, please provide details why:

The applicant(s) named in this application have been provided with personal advice about investing in the Fund:

Yes No

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Advisor signature

6 TARGET MARKET

This section only needs to be completed if you do not have a financial adviser for this investment (i.e. section 5 of this application form has not been completed).

Are you prepared to hold units for at least three months? Yes No

After the Minimum Investment Period you may have the opportunity to realise your investment by participating in withdrawal offers on a quarterly basis but you understand there is no guarantee quarterly withdrawal offers will be made or, if you participate in a withdrawal offer, you will be able to withdraw the amount you request? Yes No

You are not seeking capital growth from this investment and understand an investment in the Fund will not provide capital growth? Yes No

You understand the Fund aims, but does not guarantee, to make monthly income distributions? Yes No

Does your proposed investment in the Fund represent 25% or less of your investable assets? Yes No

Is your investment tolerance medium risk (meaning it is expected the Fund may experience an estimated 2 to less than 3 negative returns over a 20 year period (SRM 3 to 5)) Yes No

Are you seeking an investment in a managed investment scheme rather than investing directly into underlying assets (being secured notes)? Yes No

If you have answered 'NO' to one or more of the above questions, then an investment in the Fund may not be suitable for you.

Before proceeding with your investment, we recommend you do one or more of the following:

- Read the PDS
- Review the TMD for the Fund which can be found at www.skyring.com.au
- Seek personal advice from your financial adviser, stockbroker or another professional adviser

7 ACKNOWLEDGEMENTS

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, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association,
- you are not bankrupt or a minor,
- you agree to be bound by the constitution of the Fund and the PDS as supplemented, replaced or re-issued from time to time,
- you consent to the handling of your personal information in accordance with the Privacy Act 1988 and relevant privacy policies.

8 SIGNATURES

Signing instructions

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. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.

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 signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of investor 1, director or authorised signatory

Please print full name

Date signed (DD/MM/YYYY)

/ /

Company officer (please indicate company capacity)

Director

Sole director and company secretary

Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date signed (DD/MM/YYYY)

/ /

Company officer (please indicate company capacity)

Director

Sole director and company secretary

Authorised signatory