

Skyring Fixed Income Fund

ARSN 622 775 464

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This form is to be completed where the unit holder wishes to apply, amend or cancel their payments to be reinvested under Skyring Fixed Income Fund Distribution Reinvestment Plan (DRP).

The DRP enables eligible unit holders to re-invest distributions to which the DRP applies in additional units.

1 Investor Details

Account Number

Beneficial Unit Holder Name

Account Name

Class

2 Distribution Reinvestment Plan Participation

I/We being the above named holder of registered units wish to participate (or cease participating) in the DRP as indicated below.

I/We authorise the application of my/our distribution payment with respect to the number of units participating in the DRP to the allocation of additional units at the price provided in, and subject to the rules of, the DRP.

I/We hereby agree to be bound by the rules of the DRP.

I/We acknowledge that I/we may vary or cancel my/our participation in the DRP, in accordance with the rules of the DRP and that my/our instructions below will cancel any earlier DRP instructions and take priority over any direct credit instructions.

Degree of Participation (cross appropriate box):

FULL PARTICIPATION - Including any further applications

PARTIAL PARTICIPATION - Please specify the number of units to participate in the DRP:

CANCEL PARTICIPATION - If you wish to cancel your DRP participation

3 Signatures

Signing Instructions:

This form should be signed by the unit holder. If a joint holding, all unit holders should sign. If signed by the unit holder's attorney, the power of attorney must have been previously noted by Skyring or a certified copy attached to this form and a certified copy of the attorney's ID documentation. If executed by a company, the form must be executed in accordance with the company's constitution and the Corporations Act 2001 (Cth) (or for New Zealand companies, the Companies Act 1993).

Investor 1

Signature of investor 1, director or authorised signatory

Investor 2

Signature of investor 2, director or authorised signatory

Please print full name

Please print full name

Date signed (DD/MM/YYYY)

Date signed (DD/MM/YYYY)

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