

This Application Form is part of a Product Disclosure Statement ('PDS') relating to units in EQT SGH Retail Property Income Fund and EQT SGH Wholesale Property Income Fund (collectively 'the Funds'). The PDS contains information about investing in the Funds. You should read this document and any supplementary PDS before applying for units in the Funds. *(If you make an error while completing your Application Form, do not use correction fluid. Cross out your mistakes and initial your changes).*

Additional information required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006

In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ('AML/CTF Act') we are required to collect additional information about you. We may also ask you to provide **certified** copies of certain identification documents along with the Application Form.

Under the AML/CTF Act, we are prohibited from processing your application until we have received all of the information and supporting documentation requested in this form. In most cases, the information that you provide in this form will satisfy the AML/CTF Act.

However, in some instances we may contact you to request further information. It may also be necessary for us to collect information (including sensitive information) about you from third parties in order to meet our obligations under the AML/CTF Act.

A list of persons eligible to certify documents can be found in Appendix 1 at the end of this form.

Part A – Are you an existing investor?

Existing investor

If you are an existing investor in the funds *prior to 31 January 2008* you do not need to provide additional identification information. If you have invested *after 31 January 2008*, and *have not previously provided identification information* you will need to provide the additional information requested in the section relating to your investor type under **Part B – Type of Investor** below. **For all existing investors**, complete your existing account details below; if required complete the section relating to your investor type as indicated by **Part B – Type of Investor**, and also complete **Part C** if it applies to you. Then complete the Application Form from Section 11 onwards.

Existing Investment – Name of Fund

Existing Account Number

Existing Account Name

New investor

Complete your investor details and the additional information requested in the section relating to your investor type as indicated by **Part B – Type of investor**; also complete **Part C** if it applies to you. **Then** complete the remainder of the Application Form from Section 10 onwards and **mail** the completed form along with your certified identification documentation (where applicable) to the unit registry contact details provided in the PDS. **Faxed copies will not be accepted.**

If investing via a Financial Adviser

Please ensure both you and your financial adviser also complete **Section 18. Financial Adviser Details and Customer Identification Declaration**. You do not need to provide copies of your certified identification documentation with your Application Form if this information has been provided to your financial adviser and your financial adviser has elected to retain this information, and agreed to make it available upon request, under Section 18 of the Application Form.

Part B – Type of Investor

Type of Investor	Go to
<input type="checkbox"/> Individual/Joint	Section 1A
<input type="checkbox"/> Sole Trader	Section 1A & 1B
<input type="checkbox"/> Company	Section 2
<input type="checkbox"/> Trust/Superannuation Fund	Section 3
<input type="checkbox"/> Partnership	Section 4
<input type="checkbox"/> Charity	Section 5
<input type="checkbox"/> Association	Section 6
<input type="checkbox"/> Co-operatives	Section 7
<input type="checkbox"/> Government Body	Section 8
<input type="checkbox"/> IDPS/Platforms	Please contact EQT Client Services on 1300 555 378 for the forms you will need to complete.

Part C – Authorised Representative/Agent

	Go to
<input type="checkbox"/> Authorised Representative/Agent	Section 9

Section 1. Individual/Joint/Sole Trader

A. Individual/Joint Investor Details (*joint applicants will be held as joint tenants*)

Complete your name, address and contact details below. You must include a street residential address not a PO Box.

Investor 1

Title Mr/Mrs/Ms/Dr/Other _____ Date of Birth _____

Given Names _____

Surname _____

TFN or Reason for Exemption _____

Country of Residence for Tax Purposes (if not Australia) _____

Residential Address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

Investor 2

Title Mr/Mrs/Ms/Dr/Other _____ Date of Birth _____

Given Names _____

Surname _____

TFN or Reason for Exemption _____

Country of Residence for Tax Purposes (if not Australia) _____

Residential Address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____
Country _____

B. Sole Trader Details (A person carrying on a business in Australia) (please also complete Section 1A)

Business Name (if any)

Australian Business Number (ABN) if applicable

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Tax File Number (TFN)

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Principal Place of Business (not a PO Box)
Address _____

Suburb _____ State _____ Postcode _____
Country _____

Identification Documentation Required for Individual and Joint Applicants/Sole Trader

A certified copy of any **ONE** of the following documents:

- Australian driver's licence; OR
- Australian passport; OR
- Any ID card issued under a state or territory law which contains your photo, date of birth and signature.

Section 2. Company

Company Name and Contact

Company Name (as registered with ASIC) _____
Contact Person _____

Australian Company

Public Private (proprietary)

Foreign Company

Public Private (proprietary)

A. Australian Company (both public and private)

Australian Company Number (ACN)

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Australian Business Number (ABN)

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Residential Address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____ Australia _____

Principal Place of Business in Australia

- Same as registered address above
 Other – please provide address below (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____ Australia _____

B. Foreign Company (public and private)

Australian Registered Business Number (ARBN) (if not registered, leave blank)

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Identification Number Issued by Foreign Registration Body (if not registered, write 'Not registered')

Name of Foreign Registration Body (if applicable)

Registered Address in Australia (not a PO Box) (If not registered in Australia, provide overseas address)

Address _____

Suburb _____ State _____ Postcode _____

Country _____ Australia _____

Principal Place of Business in Australia (or full name and address of company's agent in Australia)

- Same as registered address above
 Other – please provide address below (not a PO Box)

Full Name of Agent in Australia (if applicable)

Address

Suburb _____ State _____ Postcode _____

Country _____ Australia _____

1. Director Details for Private Companies (both Australian and foreign)

Director 1 – Full Name

Director 2 – Full Name

Director 3 – Full Name

Director 4 – Full Name

Director 5 – Full Name

(If more than 5 directors, please provide full names on a separate page and attach to this form.)

2. Major Shareholders for Private Companies Excluding Regulated Companies (both Australian and foreign)

For private company (Australian and foreign) which is not a 'regulated company'¹ please provide details for each shareholder who owns, through one or more shareholdings, more than 25% of the company's issued capital.

¹ 'Regulated Company' – any company that is licensed and subject to the oversight by a statutory regulator i.e. ASIC, APRA, ATO

Major Shareholder 1 – Full Name

Residential Address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

Major Shareholder 2 – Full Name

Residential Address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

Major Shareholder 3 – Full Name

Residential address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

No certified documents are required for companies.

Section 3. Trust/Superannuation Fund

Name of Trust/Superannuation Fund

Country of Establishment

Tax File Number (TFN)

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Type of Trust

- Category A Government superannuation fund (Australian or foreign) established under legislation
- Category B Foreign superannuation fund (other than Category A)
- Category C Managed investment scheme registered with ASIC

Australian Registered Scheme Number (ARSN)

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Category D Regulated Trust*

Name of Regulator (e.g. ASIC, APRA, ATO)

Registration/Licence Details

Australian Business Number (ABN)

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Category E Other (e.g. family trust, unregistered scheme, foreign trust) – please specify below*

* A Regulated trust refers to:

- i) a self managed superannuation fund within the meaning of Section 19 of the Superannuation Industry (Supervision) Act 1993 (SIS) – the regulator is the Australian Tax office,
- ii) a regulated superannuation fund, an approved deposit fund, a pooled superannuation trust or a public sector superannuation scheme within the meaning of the SIS Act – the regulator is the Australian Prudential Regulation Authority ('APRA').

If you selected either Category B or Category E, you will need to provide details of beneficiaries.

Beneficiary Details

Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

Yes Provide details of membership class (e.g. family members of a named person)

No List full names of all company and individual beneficiaries

Beneficiary 1 – Full Name

Beneficiary 2 – Full Name

Beneficiary 3 – Full Name

Beneficiary 4 – Full Name

(If more than 4 beneficiaries, please provide full names on a separate page and attach to this form.)

Trustee Details

Trustee is a:

- Company Complete **Section 2. Company** of this form
 Individual Complete individual trustee details below

Please provide details for **ONE** of the individual trustees as follows:

Title Mr/Mrs/Ms/Dr/Other _____ Date of Birth _____

Given Names _____

Surname _____

Residential Address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

Identification Documentation Required for Trust/Superannuation Fund

For **Category B (Foreign Super Fund)** and **Category E (other Trust)** you must provide **ONE** of the following documents:

- Certified copy or certified extract of the trust deed; OR
- Notice (such as an assessment notice) issued to the trust by the Australian Taxation Office within preceding 12 months; OR
- A letter from a solicitor or qualified accountant verifying the name of the trust.

For **individual trustees**, you must provide a certified copy of any **ONE** of the following documents:

- Australian driver's licence; OR
- Australian or foreign passport; OR
- Any ID card issued under a state or territory law which contains your photo, date of birth and signature.

Category B and E trusts must also provide a list of the full names and addresses (not PO Boxes) of all individual and company trustees.

Section 4. Partnership

Full Name of Partnership

Registered Business Name of Partnership (if any)

Country Where Partnership Established

Type of Partnership

Is the partnership regulated by a professional association?

- Yes Complete **Part A – Regulated Partnership** below
 No Complete **Part B – Unregulated Partnership** below

A. Regulated Partnership

Full Name of Professional Association Partnership Regulated By

Membership/Registration Details

Partner Details

Please provide details for **ONE** of the partners as follows:

Title Mr/Mrs/Ms/Dr/Other _____ Date of Birth _____

Given Names _____

Surname _____

Residential Address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

B. Unregulated Partnership

Partner Details

Please provide details for **ALL** of the partners as follows:

Partner 1

Title Mr/Mrs/Ms/Dr/Other _____ Date of Birth _____

Given Names _____

Surname _____

Residential Address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

Partner 2

Title Mr/Mrs/Ms/Dr/Other _____ Date of Birth _____

Given Names _____

Surname _____

Residential Address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

(If more than 2 partners, please provide full names and residential addresses on a separate page and attach to this form.)

Identification Documentation Required for Partnership

You must provide a certified copy or certified extract of any **ONE** of the following documents:

- The partnership agreement; OR
- Extract of minutes of a partnership meeting.

Both of these documents must show the full name of the partnership.

In addition, **ONE** partner must also provide a certified copy of any **ONE** of the following documents:

- Australian driver's licence; OR
- Australian or foreign passport; OR
- Any ID card issued under a state or territory law which contains your photo, date of birth and signature.

Section 5. Charity

Full Name of Charity

Purpose of Charity

Name of Entity Controlling Charity

Country of Registration (if applicable)

If Other than Australia, Please Provide Name of Regulator (if any)

Charity Registration Number

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Charity Fundraising Number

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Tax File Number (TFN)

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Australian Business Number (ABN)

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Registered Address in Australia (not a PO Box) (If not registered in Australia, provide overseas address)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

Type of Charity

- | | |
|---|--|
| <input type="checkbox"/> Company | Complete Section 2. Company |
| <input type="checkbox"/> Trust | Complete Section 3. Trust/Superannuation Fund |
| <input type="checkbox"/> Partnership | Complete Section 4. Partnership |
| <input type="checkbox"/> Association | Complete Section 6. Association |
| <input type="checkbox"/> Registered Cooperative | Complete Section 7. Registered Cooperative |

Section 6. Association

Full Name of Association

Association Identifier Number (if applicable) e.g. ACN

Full Name of Chairman

Full Name of Secretary

Full Name of Treasurer

Type of Association

- | | |
|---|------------------------------|
| <input type="checkbox"/> Incorporated | Complete Part A below |
| <input type="checkbox"/> Unincorporated | Complete Part B below |

A. Incorporated Association

Registered Office or Residential Address of Public Officer (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

B. Unincorporated Association

Principal Place of Administration or Residential Address of Public Officer (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

Details of Member Completing this Form on Behalf of the Unincorporated Association

Title Mr/Mrs/Ms/Dr/Other _____ Date of Birth _____

Given Names _____

Surname _____

Residential Address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____ Australia _____

Identification Documentation Required for Associations

Both Incorporated and Unincorporated

You must provide a certified copy or certified extract of any **ONE** of the following documents:

- Rules or constitution; OR
- Extract of minutes of an association meeting.

Both of these documents must show the full name of the association.

Unincorporated

Member completing this form on behalf of the Unincorporated Association must also provide a certified copy of any **ONE** of the following documents:

- Australian driver's licence; OR
- Australian or foreign passport; OR
- Any ID card issued under a state or territory law which contains your photo, date of birth and signature.

Section 7. Registered Cooperative

Full Name of Registered Cooperative

- Cooperative is registered with ASIC
 Cooperative is registered with a foreign registration body

Identification Number issued by relevant registration body (if any)

Full Name of Chairman

Full Name of Secretary

Full Name of Treasurer

Registered Office or Residential Address of Public Officer (not a PO Box)

Address

Suburb

State

Postcode

Country

Identification Documentation Required for Registered Cooperative

Both Incorporated and Unincorporated

You must provide a certified copy or certified extract of any **ONE** of the following documents:

- Register maintained by the cooperative; OR
- Extract of minutes of a meeting of the cooperative.

Both of these documents must show the full name of the cooperative.

Section 8. Government Body

Type of Government Body

Entity

Established under legislation

Australian Government Body

A Commonwealth of Australia Government body

An Australian State or Territory Government body – please specify state or territory

Name of Government Body and Establishing Legislation (if applicable)

Principal Place of Operations (not a PO Box)

Address

Suburb

State

Postcode

Country

No certified documents are required for Government Bodies.

Section 9. Authorised Representative/Agents

This section should be completed if:

- an authorised representative has been appointed to operate on this account; OR
- this application is being made by an agent of the investor under a power of attorney or as the investor's legal or nominated representative.

All Authorised Representatives/Agents to Complete

Full Name of Authorised Representative/Agent

Title of Role Held with Investor

Signature of Authorised Representative/Agent

Evidence of Authority to Act on Investors Behalf e.g. Power of Attorney

If the Investor is a Non Individual (i.e. a company, trust etc) Please Also Complete the Following:

If a non individual investor (i.e. a company, trust etc) appoints an authorised representative in relation to this investment then the investor must also appoint a verifying officer to liaise with that authorised representative.

Please Provide the Following Information About the Verifying Officer:

Title Mr/Mrs/Ms/Dr/Other _____ Date of Birth _____

Given Names _____

Surname _____

Residential Address (not a PO Box)

Address _____

Suburb _____ State _____ Postcode _____

Country _____

Identification Documentation Required for Verifying Officer

You must also provide a certified copy of any **ONE** of the following documents:

- Australian driver's licence; OR
- Australian or foreign passport; OR
- Any ID card issued under a state or territory law which contains your photo, date of birth and signature.

Please also provide written evidence of the Verifying Officer's authority to act for the investor.

Please note that the AML/CTF Act requires a verifying officer to collect and retain the following information about the authorised representative:

- Full name;
- Title or role held with the investor;
- A copy of their signature; and
- Evidence of their authority to act on behalf of the investor.

Section 10. Investor Contact Details (ALL NEW INVESTORS TO COMPLETE)

Investor Contact Name and Contact Details

Title Mr/Mrs/Ms/Dr/Other _____ Date of Birth _____

Given Names _____

Surname _____

Phone Number (Work) _____ Phone Number (Mobile or Home) _____

Fax Number _____ Email Address _____

Postal Address (If different to street address)

Postal Address _____

Suburb _____ State _____ Postcode _____

Country _____

Section 11. Investment Choice and Investment Distribution Options

Fund	Amount to be invested	Distributions (tick selected option)*		
		Reinvest all	Pay all to a bank account	Pay income to a bank account and reinvest realised capital gains
EQT SGH Retail Property Income Fund (minimum investment of \$5,000)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQT SGH Wholesale Property Income Fund (minimum investment of \$50,000)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If no selection is made or an incomplete instruction is received, the distribution will be reinvested.

Payment Method

Important – Preferred method of payment (please your selection)

- Cheque Cheques are to be made payable to ‘**Equity Trustees Limited**’
- Direct Debit Complete **Section 19. Direct Debit Request Form** and include with this Application Form.

Section 12. Banking Details (for distributions and redemptions)

The Application Amount(s) above will be credited to your account as follows:

Bank Name _____

Bank Address _____

Account Name _____

BSB Number _____ Account Number _____

Section 13. EQT Online Access

- Please tick the box if all the undersigned would like online access to view the details of this investment. Defined terms have the meaning given in the Conditions of EQT Online Access. By signing below you verify that you have read, understood and agree to be bound by the Conditions of EQT Online Access. Please confirm your email address below to receive details as per the Conditions.

Section 14. Authorised Representative/Agent Appointment

Please Complete if Authorised Representative/Agent Required.

I/We have read the terms and conditions of an authorised representative and agree to those terms and conditions.

Name of Authorised Representative/Agent

Signature of Authorised Representative/Agent

Please also sign **Section 17. Declaration and Signatures**.

Section 15. Annual Financial Report

- You can obtain a copy of the annual financial report for the Funds from the EQT website at www.eqt.com.au from 30 September each year. However, if you would like to receive a copy by post please tick the box.

Section 16. Privacy

When you complete this application form EQT will be collecting personal information from you for the primary purpose of processing and administering your investment in the funds. In order to comply with Australian Taxation laws, the Corporations Act, the Anti-Money Laundering and Counter-Terrorism Act and other laws and regulations EQT must collect certain information about you.

EQT may also be required to obtain personal information (including sensitive information) about you from third parties in order to comply with these laws.

EQT may disclose your personal information to other parties involved in providing services to, administering or managing the Funds (such as to your financial adviser and to service providers such as external administrators and posting services). EQT may also use your information to forward to you, from time to time, details of other investment opportunities offered by EQT in which you may be interested

- Please tick the box if you **do not** wish to be updated with such investment opportunities. If you do not mark the box we will assume that you want to hear about the investment opportunities we have described.

Section 17. Declaration and Signatures

You should read the PDS for **EQT SGH Retail Property Income Fund** and **EQT SGH Wholesale Property Income Fund** (collectively 'the Funds') dated 15 December 2008, offering units in the Funds before investing. A person giving access to this application form must, at the same time and by the same means, give access to the PDS and any document which updates the information contained in the PDS. While the PDS is current, EQT will provide on request and without charge a paper copy of the PDS, any document which updates it and the application form to anyone receiving an electronic copy of the PDS. The law prohibits any person passing on to another person this application form unless it is attached to, or accompanied by, a complete and untampered electronic version of the PDS or a print out of it.

I/We have read the PDS to which this application form applies and agree to be bound by the terms and conditions of the PDS and the Constitution of the Funds in which I/we have chosen to invest. I/We have detached this application from the PDS and declare that all details are correct. I/We acknowledge that Equity Trustees Limited is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank. If I/we have provided an email address, I/ we consent to receive ongoing investor information including PDS information, confirmations of transactions and additional information as applicable, via that method of delivery. I/We received and accepted this offer in Australia. I/We acknowledge that Equity Trustees Limited or the Investment Manager do not guarantee the repayment of capital or the performance of the Funds or any particular rate of return from the Funds.

By signing this application form, I/we acknowledge that I/we have read and understood the PDS and where appropriate have obtained my/our own independent financial investment advice (having regard to the inherently complex nature of these products).

I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:

- I/we are ineligible to hold units in a fund or have provided misleading information in my/our application form; or
- I/we owe any amounts to EQT or any other person,

I/We appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the relevant Fund.

Authorised Signatories for Future Instructions

You may specify the way that you wish to sign future instructions in relation to your investment in the Funds.

These instructions do not apply for your initial application. They will apply to all your existing and future unit holdings in the Funds until such time as you advise EQT in writing to the contrary.

A. Individual / Joint / Sole Trader Please tick one of the following options

- all unitholders must sign (unless indicated)
- any one unitholder may sign

B. Company

Please tick one of the following options

- One Director and Company Secretary
- Two Directors

Please also tick one of the following two options

- Signed under Common Seal
- Signed without Common Seal

B. Trust/Superannuation Fund/Partnership/Charity/Association/Co-operative/Government Body

Please tick one of the following options

- One Director and Secretary
- Two Directors
- Two Executive Officers
- Two Authorised Signatories

Please also tick one of the following options

- Signed under Common Seal
- Signed without Common Seal

Name of Applicant

Signature of Applicant

Date

Capacity (please tick if applicable) Director Secretary Executive Officer Authorised Signatory

Name of Applicant

Signature of Applicant

Date

Capacity (please tick if applicable) Director Secretary Executive Officer Authorised Signatory

Company Seal (If applicable)

Section 18. Financial Adviser Details and Customer Identification Declaration

Customer identification declaration (Financial Adviser to complete)

I confirm that I have completed an appropriate customer identification procedure ('CID') on this investor which meets the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ('AML/CTF Act').

(Please select the relevant option below)

- I have attached the verification documents that were used to perform the CID for this investor; **OR**
- I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide EQT or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act I will forward them to EQT.

I agree to provide EQT or its agents with any other information that they may require to support this application.

Full Name of Financial Adviser

Financial Adviser Signature

Date

Please also complete the Financial Adviser details section on the next page.

Application Form Page 19

Financial Adviser access to investor information *(Investor to complete)*

I/We agree that information relating to my/our investment be supplied to my/our financial adviser.

Please tick this box if you **do not** wish to your financial adviser to have access to information about your investment.

Please also elect if you wish copies of all transaction confirmations to be provided to your financial adviser. *If no election is made copies will not be sent.*

Yes, please send copies of all transaction confirmations to my/our adviser.

No, please **do not** send copies of all transaction confirmations to my/our adviser.

Please ask your financial adviser to complete these details (if applicable).

Adviser Details (if a new adviser, please attach a copy of your employee/representative authority)

Adviser Name _____ Adviser No. (if applicable) _____

Business Name _____

Street Address _____

Suburb _____ State _____ Postcode _____

Postal Address _____

Suburb _____ State _____ Postcode _____

Office Telephone _____ Direct _____

Mobile _____ Facsimile _____

Email _____

Dealer Details

Dealer Name _____

Dealer No. (if applicable) _____

Contact Person _____

AFSL No. _____ ABN _____

Postal Address _____

Suburb _____ State _____ Postcode _____

Office Telephone _____ Direct _____

Mobile _____ Facsimile _____

Email _____ Website _____

Dealer Stamp

ILGN	ILAN	ILCN
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Section 19. Direct Debit Request Form

Date

Account No.

Investor/s Name in Full

I/We request and authorise Equity Trustees Limited as detailed in the Payment Details below, to arrange, through its own financial institution, for any amount Equity Trustees Limited may debit or charge to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User (ID number 225014) subject to the Terms and Conditions (and any further instructions provided below).

Bank/Financial Institution Account Details

Insert details of account which is to be debited

Account Name

BSB Number

Account Number

Bank Name

Address

Direct debiting is not available on the full range of accounts. If in doubt, please refer to your Bank/Financial Institution.

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Equity Trustees Limited as set out in this request and the Terms and Conditions.

Payment Details for Initial or Additional Investment

Fund	\$ Amount
EQT SGH Retail Property Income Fund (minimum \$5,000 or \$1,000 for additional investments)	
EQT SGH Wholesale Property Income Fund (minimum initial investment of \$50,000)	

Payment Details for Accumulator Savings Plan

Fund	\$ Amount per month (min. \$100)
EQT SGH Retail Property Income Fund	

Signature and Address

Signature _____ Date _____

Signature _____ Date _____

Address 1 _____

Address 2 _____

Suburb _____ State _____ Postcode _____

Company Seal
(if applicable)

Appendices

Appendix 1. Persons Authorised to Certify Documents

1. a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
2. a judge of a court;
3. a magistrate;
4. a chief executive officer of a Commonwealth court;
5. a registrar or deputy registrar of a court;
6. a Justice of the Peace;
7. a notary public (for the purposes of the *Statutory Declaration Regulations 1993*);
8. a police officer;
9. an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
10. a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
11. an Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*);
12. an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 1993*);
13. a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the *Statutory Declaration Regulations 1993*);
14. an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees.
15. a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

Appendix 2. Checklist

- Have you completed your details under your investor type?
- Have you provided certified copies of your identification document?
- Have you completed all relevant details and signed the application form?
- Once you have completed the above send the application form to the unit registry contact details provided in the PDS.