Folkestone
EDUCATION TRUST

BoardRoom

All correspondence and enquiries to:

Boardroom Pty Limited
GPO Box 3993
Sydney NSW 2001
Ph: 1300 737 760 (within Aust)
Ph: + 61 2 9290 9600 (outside Aust)
Web: www.boardroomlimited.com.au
Email: folkestone@boardroomlimited.com.au

Full Name(s) of Registered Holding

Registered Address

Post Code

You are required to insert this number Securityholder Reference Number (SRN) or Holder Identification Number (HIN)

Distribution Reinvestment Plan - Application

This form is to be completed where the securityholder wishes to have their payments reinvested under the rules of the Distribution Reinvestment Plan (DRP). The DRP rules are available at http://educationtrust.folkestone.com.au/wp-content/uploads/2016/10/AET-DRP.pdf or call 1300 737 760 to request a copy to be sent to you.

Please complete one choice only

(a) **Full Participation is required in the DRP.**
All securities held will participate in DRP. No cash payment will be issued. Please tick Box A.

Box A

(b) **Partial Participation is required in the DRP.**
Please write in Box B the number of securities or the percentage of your total securities held you would like to participate in the DRP. The distribution on the balance of your securities (if any) will be issued in Cash. Securities issued as a result of your partial participation in the plan will automatically participate in the plan.

Box B

(c) **Termination of Participation in the DRP**
Only tick Box C if you are already in the DRP and wish to **cancel your participation.**
(Please complete Direct Credit Authority Form to ensure that future payments may be made to your bank account)

Box C

To participate in the next (and future) Distribution Reinvestment Plan, please ensure your completed and signed application is returned to the above address before close of business on the first Business Day after the Record Date for that Distribution.

Sign Here - This section must be signed for your instructions to be executed.

I/We authorise you to act in accordance with my/our instructions set out above and agree to be bound by the rules of the DRP. I/We acknowledge that these instructions supersede any Direct Credit instructions relating to distribution payments to which I/we am/are entitled to be

Individual or Unitholder 1	Unitholder 2	Unitholder 3
Sole Director and Sole Company Secretary	**Director**	**Director/Company Secretary**

Day / Month / Year