

INVESTMENT CHOICE AUTHORITY

East Coast Mortgage Trust
Suite 1
7 Carrington Street
LISMORE NSW 2480

RECEIVED

Office Use Only

Dear Sir/Madam

Re: Investment in the Name of:

Investor No: _____ (Only one account per authority form).

I/We hereby request you convert my full investment to East Coast Premium Choice or East Coast Advantage. **(Please delete whichever is not applicable)**

I/We hereby request you convert _____
Units of my investment to East Coast Premium Choice or East Coast Advantage. **(Please delete whichever is not applicable).**

I/We hereby confirm/acknowledge:

For units invested in *East Coast Premium Choice*:

- I/We will not receive or participate in Withdrawal Offers when they are made; and
- I/We will only change my/our instructions to switch or transfer funds from East Coast Premium Choice to East Coast Advantage after first giving a minimum of 6 months notice.

For units invested in *East Coast Advantage*:

- I/We are able to participate in Periodic Withdrawal Offers whenever they are made; and
- I/We will receive a discounted net rate of return.

Name _____

Daytime Contact Phone No _____

Email Address _____

Signature

Signature

Office Use Only

VERIFIED

ENTERED