Hardship Policy

Westlawn Income Fund
ARSN 639 742 288

In accordance with the Product Disclosure Statement (PDS) Part 2 Section 2.4, the Responsible Entity will consider applications from a Unitholder wishing to exit the Fund due to genuine hardship.

For your application to be considered:

(i) you must not have submitted a Withdrawal Request in accordance with section 2.3 of Part 2 of the PDS;

(ii) you must have suffered genuine hardship in accordance with at least one of the following criteria and, if requested, provide reasonable evidence to support your application.

Type of Hardship	**Hardship criteria**
Urgent financial hardship	The Unitholder needs the amount requested to meet reasonable and immediate living expenses for themselves or their dependants.
Unemployment	The Unitholder has not been in gainful employment for at least three months and has no other means of financial support (except government assistance, such as unemployment benefits).
Compassionate grounds	The Unitholder (or their dependant, as applicable) needs the amount requested to: • pay for medical costs (including related transport costs) to treat a life-threatening illness or injury, to alleviate acute or chronic pain, or to alleviate an acute or chronic mental disturbance. A medical practitioner must provide a certified statement confirming the medical condition • pay for specific modifications to a principal place of residence or vehicle to accommodate a severe disability of the person or their dependant • pay for funeral expenses and other expenses related to the death of the Unitholder or their dependant • enable the Unitholder to provide care for another person who is dying from a terminal illness, including home care • prevent the Unitholder's mortgagee (lender) from selling the person's principal place of residence, or The Unitholder or their dependant must not otherwise have the financial capacity to meet the expense.
Permanent incapacity	The Unitholder has ceased gainful employment due to mental or physical ill health, and the Unitholder is unlikely to ever again commence the type of employment for which they are reasonably qualified by education, training or experience.

(iii) the price payable per unit to you by us will be in accordance with the Redemption Price as detailed in section 5.7 of Part 1 of the PDS; and

(iv) the maximum amount that we will consider purchasing from a single Unitholder will be capped at $50,000 per 6 month period.

We will be using our own financial resources to facilitate the purchase of Units from a Unitholder that is suffering hardship. **Whilst we will use our best endeavours to satisfy all hardship applications, we do not guarantee that we will be able to satisfy all applications in full, part or at all.**

Hardship Application

Please return completed form to:
PO Box 78 Grafton NSW 2460 or by email to grafton@westlawn.com.au

Westlawn Income Fund
ARSN 639 742 288

1. Investor information

Please use BLOCK CAPITALS

Investor number (if known)

Full account name

2. Contact details

Residential address (mandatory): PO Box is NOT acceptable

Street address

Suburb

State Postcode

Country (if not Australia)

Postal address details (will be used for all account correspondence)

Street address

Suburb

State Postcode

Country (if not Australia)

Contact details: Provide at least ONE contact telephone number

Telephone (home)
Telephone (work)
Telephone (mobile)
Email
Facsimile

3. Reason for hardship application

Please provide brief details of your hardship

4. Transfer information

Class of Units	Amount in $		Units		Entire Investment
Class 6M		OR		OR	☐
Class 12M		OR		OR	☐
Class 24M		OR		OR	☐

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5. Nominated bank account details

Please specify your nominated Australian domiciled bank account for receiving your redemption proceeds from the Fund

☐ The details you hold in my records, **OR**

Name of financial institution

Account name
(3rd party payment
is not acceptable)

BSB ☐☐☐ - ☐☐☐ Account Number: ☐☐☐☐☐☐☐☐

6. Signatures and roles

Signature – Investor 1

Title (Director/Secretary/Sole Director/Trustee/Power of Attorney) **mandatory***

Full name

Date signed
/ /

Signature – Investor 2

Title (Director/Secretary/Sole Director/Trustee/Power of Attorney) **mandatory***

Full name

Date signed
/ /

Signing Instructions

* **Individual investor:** Where the investment is in one name, the investor must sign.
* **Joint investors:** Where the investment is in more than one name, all investors must sign. All subsequent instructions will require the signature of all joint investors.
* **Corporate investor/Corporate trustee:** Must sign either: (a) under seal and signed by directors; or (b) by two directors or director and company secretary; or (c) by a sole director/sole secretary (where applicable). **Please state your name & role in the company beneath your signature (e.g. Director, Secretary, Sole Director).**
* **Superannuation/Trust:** Each trustee must sign.
* **Power of Attorney (POA):** If signed under a POA, the POA must have been previously noted by BlackRock. If not, an originally certified copy of the POA as well as an originally certified copy of the attorney's driver's licence, passport or other photo identification which confirms their name, address and contains their signature must be attached to this form. The attorney certifies that they have not received notice of revocation of that power.
* **Signatory List:** Please provide a signatory list (if applicable).

Company Seal

Please provide certified proof of your identify and signature with your request to enable us to verify your identity as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

Office use only

Approved by: _____

Date: _____

Standard Transfer Form

Westlawn Income Fund
ARSN 639 742 288

This is a PDF smart form. Please complete this form by directly typing into the fields. You then need to print the completed form and sign in section D.

Please read the instructions to ensure the form is completed accurately and returned with all the necessary supporting documentation. Please contact Westlawn if you have any questions or concerns.

Westlawn Building
22 Queen Street
PO Box 78, Grafton, NSW 2460
P: 1300 937 852 | IP: +61 2 6642 0400
E: grafton@westlawn.com.au

Please Note:

- Any alterations must be initialled by the seller/s and the buyer/s. Any increase to the quantity of securities being transferred is not acceptable even if initialled.
- Correction fluid or tape must not be used.
- Transfers or other documents that do not fully meet the company's requirements will be returned without being processed.

SECTION A - PROOF OF IDENTIFICATION

Evidence will need to be provided with each transfer form to confirm the identity of the seller as the current owner of the securities to be transferred. The buyer of the securities is also required to provide identification. Note, if the buyer or seller is a corporation, the below documentation is required for each director/secretary signing the transfer form and a ^certified copy of the company registration issued by a regulator. If you are unsure, please contact Westlawn.

Please choose either Option 1 **or** Option 2 for proof of identification and send Westlawn a ^certified copy of the applicable document(s).Please DO NOT attach original documents as documents will not be returned. Proof of identity documents will not be held on file for future use and must be provided with each transfer form.

Minors: Securities cannot be directly registered in the name of a minor (individuals under the age of 18)

Corporations: You must either provide an extract of the company registration or alternatively you can provide a ^certified copy of the Company Statement. Either must include a listing of the directors together with identity documents as below for the signing directors/company secretary.

^Certification: Must be within 12 months of submitting your Transfer request. Copies of documents forwarded must be originally certified as a correct copy by a person who in the State or Territory of certification has the power to witness a Statutory Declaration (see examples on the next page).

SELLER - PROOF OF IDENTIFICATION	BUYER - PROOF OF IDENTIFICATION
Option 1: Please attach at a ^certified copy of at least 1 document on the list below. Tick or Cross the evidence you have supplied.	**Option 1:** Please attach at a ^certified copy of at least 1 document on the list below. Tick or Cross the evidence you have supplied.
☐ Australian Driver's License	☐ Australian Driver's License
☐ Australian Passport (that has not expired more than 2 years ago)	☐ Australian Passport (that has not expired more than 2 years ago)
☐ International Travel Document- Foreign Passport (that has not expired more than 2 years ago)	☐ International Travel Document- Foreign Passport (that has not expired more than 2 years ago)
☐ Australian Proof of Age Card	☐ Australian Proof of Age Card
☐ Australian National Identity Card	☐ Australian National Identity Card
Option 2: Please attach at least 1 primary non-photographic document and 1 secondary non-photographic document on the list below **Primary non-photographic identity document; AND**	**Option 2:** Please attach at least 1 primary non-photographic document and 1 secondary non-photographic document on the list below **Primary non-photographic identity document; AND**
☐ Australian Birth Certificate or Extract of Birth	☐ Australian Birth Certificate or Extract of Birth
☐ Australian Citizenship Certificate	☐ Australian Citizenship Certificate
☐ Foreign Citizenship Certificate	☐ Foreign Citizenship Certificate
☐ Foreign Birth Certificate	☐ Foreign Birth Certificate
☐ A Centrelink Pension Card or Centrelink Healthcare Card	☐ A Centrelink Pension Card or Centrelink Healthcare Card

Secondary non-photographic identity document	Secondary non-photographic identity document
☐ A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months	☐ A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months
☐ An income tax assessment notice issued within the last 12 months	☐ An income tax assessment notice issued within the last 12 months
☐ A local government notice (eg, council rates) or utilities notice issued within the last 3 months	☐ A local government notice (eg, council rates) or utilities notice issued within the last 3 months

THE FOLLOWING ARE EXAMPLES OF INDIVIDUALS WHO MAY CERTIFY A DOCUMENT:

- Chartered accountant (CA)
- Barrister or solicitor or a clerk to a barrister or solicitor
- Australian Defence Force officer
- Commissioner for affidavits or declarations
- Legally qualified medical practitioner
- A fellow of the Institute of Legal Executives (Victoria only)
- Diplomatic or consular officer
- Postmaster
- Notary public
- Member of the police force
- Minister of Parliament of the Commonwealth of the State Government
- Manager of a bank, building society or credit union
- Certified practicing accountant (C.P.A)
- Sheriff or a deputy sheriff
- Justice of the Peace
- Officer of the court- Magistrates, County or Supreme
- Pharmacist
- Marriage celebrant- civil or religious

SECTION B - SELLER DETAILS

1* Full name of Company, Corporation or Trust in which the securities are held: WESTLAWN INCOME FUND

2* Description of securities Units, Fully Paid Ordinary Shares, Options, Notes, etc: UNITS

3 Security Code WLC

4* Number of Securities to be sold (Qty)

5* Full name/s of Transferor/s (Seller/s) as well as any designation (if applicable)
Note: This must match the proof of identity provided

6* Transferor/s (Seller/s) Securityholder Reference Number (must be quoted) SRN: I

7* Consideration - Is the full amount paid in settlement of the transfer of securities if applicable AUD: $

8 Date of Purchase Day / Month / Year

9* Seller's Contact Number

10* Seller's Email Address

SECTION C - BUYER DETAILS

1* Full name/s of Transferee/s **(Buyer/s)** - A maximum of three joint holders.
Securities may not be solely registered in the names of a firm or business name, an estate or deceased person, a minor, a fund or trust

2* Full address of Transferee/s **(Buyer/s)**

Insert full address including the postcode. Only one address may be recorded

3 Transferee/s (Buyer/s) Securityholder Reference Number (if known) SRN:

4* Buyer's Contact Number

5* Buyer's Email Address

SECTION D - SIGN HERE

I/We the registered holder/s and undersigned seller/s for the above consideration do hereby transfer to the above name/s hereinafter called the Buyer/s the securities as specified above standing in my/our name/s in the books of the above named Company subject to the several conditions on which I/We held the same as the time of signing hereof and I/We the Buyer/s do hereby agree to accept the said securities subject to the same conditions. I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise under which this transfer is signed if applicable . To sign as power of attorney you must have already lodged it with the registry or your broker as appropriate or enclose a certified copy with this transfer.

1* Transferor/s (Seller/s) sign here	Individual or Securityholder 1	Securityholder 2	Securityholder 3
2* Transferor/s (Seller/s) name of signatory here	Sole Director or Sole Director and Company Secretary (delete one)	Director	Director / Company Secretary
	Name of Signatory 1 (please print)	Name of Signatory 2 (please print)	Name of Signatory 3 (please print)

3 Date: Day / Month / Year

4* Transferee/s (Buyer/s) sign here	Individual or Securityholder 1	Securityholder 2	Securityholder 3
	Sole Director or Sole Director and Company Secretary (delete one)	Director	Director / Company Secretary
5* Transferee/s (Buyer/s) name of signatory here			
	Name of Signatory 1 (please print)	Name of Signatory 2 (please print)	Name of Signatory 3 (please print)

6 Date: Day / Month / Year