

CKM (Mortgages) Limited

ABN 78 089 263 310

AFSL 238091

Withdrawal Request Form

1 October 2011 – 28 September 2012

The CKM Mortgage Trust

ARSN 090 880 890

Section 601KB Corporations Act 2001

SECTION A – DETAILS OF UNIT HOLDER IN THE CKM MORTGAGE TRUST

Member Number

Account Name

SECTION B – UNIT HOLDER CONTACT DETAILS

It may be necessary for us to contact you about this request. Please therefore complete the following details:

Phone Number

Mobile

Email Address

If you have changed your residential address OR your contact address please advise us in writing.

SECTION C – WITHDRAWAL REQUEST/S

You should complete the table below by:

- indicating the Monthly Withdrawal Offer Period(s) during which you wish to withdraw units you hold in the Trust. (These are shown by the month only. See section E below)
- stating the number of units you wish to withdraw in the period(s) that you have indicated. If you do not indicate the number of units we will assume that you wish to withdraw all of your units. Units can be withdrawn only in round multiples of 500.

Monthly Withdrawal Offer Period	Number of Units to be withdrawn
q October 2011	All q OR Number
q November 2011	All q OR Number
q December 2011	All q OR Number
q January 2012	All q OR Number
q February 2012	All q OR Number
q March 2012	All q OR Number
q April 2012	All q OR Number
q May 2012	All q OR Number
q June 2012	All q OR Number
q July 2012	All q OR Number
q August 2012	All q OR Number
q September 2012	All q OR Number

SECTION D – CHANGE OF BANK ACCOUNT DETAILS

All unit holders have previously provided us with the details of their nominated bank account. Complete this section **ONLY** if you want to change your nomination. All payments from the Manager will be made directly into your nominated bank account. This must be an Australian banking institution. The account must be in the investor's name.

Bank/Financial Institution/Credit Union

Branch Name

BSB No

Account No

Account Name

SECTION E - DECLARATIONS AND SIGNATURES

YOU SHOULD READ THE WITHDRAWAL FACILITY – MONTHLY WITHDRAWAL OFFERS DOCUMENT PROVIDED TO YOU IN FULL BEFORE SIGNING THIS WITHDRAWAL REQUEST FORM

I/we acknowledge and declare that I/we have read and understood the terms of the Withdrawal Facility – Monthly Withdrawal Offers document dated 31 August 2011 provided by CKM (Mortgages) Limited and agree to its terms.

Signature of Unit Holder 1 _____ Date: _____

Name of Unit Holder 1 _____

Tick capacity - mandatory for companies Sole Director Director Secretary

Signature of Unit Holder 2 _____ Date: _____

Name of Unit Holder 2 _____

Tick capacity - mandatory for companies Sole Director Director Secretary

Signature of Unit Holder 3 _____ Date: _____

Name of Unit Holder 3 _____

Tick capacity - mandatory for companies Sole Director Director Secretary

Signature of Unit Holder 4 _____ Date: _____

Name of Unit Holder 4 _____

Tick capacity - mandatory for companies Sole Director Director Secretary

Are you signing as an agent under an existing appointment?

Yes

No

LODGEMENT OF FORM

This form should be posted to: CKM (Mortgages) Limited, PO Box 28, Cronulla NSW 2230

OR delivered to: CKM (Mortgages) Limited, 29-31 Croydon Street, Cronulla NSW 2230