ADDITIONAL APPLICATION FORM

LANYON RE SERVICES LIMITED ABN 59 661 585 815
LANYON INVESTMENT FUND ARSN 670 944 242

This form is for existing investors only. If you are a new investor please use the Initial Application Form.

This Form relates to a Product Disclosure Statement dated 1 July 2025 ("PDS") issued by Lanyon RE Services Limited ("Lanyon RE") ABN 59 661 585 815, AFSL 544723 for the offer of units in the Lanyon Investment Fund ("Fund"). Terms defined in the PDS have the same meaning in this Additional Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Additional Application Form.

Account/Investor Number	
Account/Investor Name	

1. CONSUMER ATTRIBUTES

Please confirm what category of investor you are. You must select one option. Failure to complete this will result in your application being rejected:

☐ Wholesale Investor (as defined by section 761G of the Corporations Act 2001). If yes, please proceed to section 2.

☐ Platform Provider. If yes, please proceed to section 2.

☐ A Retail investor (as defined in the Corporations Act) that has received personal financial advice in respect to the Fund. Please provide the financial advisor details below and then proceed to section 2.

Financial Advisor Name _____

☐ A Retail investor (as defined in the Corporations Act) who has not received personal financial advice in respect of the Fund. Please complete the remaining part of this section before proceeding to section 2.

To assist the RE in meeting the Design and Distribution Obligations (DDO) you are required to indicate your consumer attributes in response to each of the questions set out below. Please ensure all questions are completed and you must select only one answer for each question otherwise your application will be rejected. These attributes should reflect your current objectives, financial situation and needs.

WARNING: If unsure on how to complete, we recommend you seek financial advice.

What is your primary investment objective?	**What is your investment time horizon?**
☐ Capital Growth	☐ 1 - 2 years
☐ Capital Preservation	☐ 3 – 5 years
☐ Income Distribution	☐ 6 or more years

What is your intended use of this in investment in your overall investment portfolio? ☐ Standalone portfolio up to 100% ☐ Major allocation up to 75% ☐ Core component up to 50% ☐ Minor allocation up to 25% ☐ Satellite component up to 10%	**What do you anticipate your withdrawal needs?** ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Yearly ☐ More often than one year
What is your tolerance for risk (able to bear loss)? ☐ Extremely High ☐ Very high ☐ High ☐ Medium ☐ Low	

2. ADDITIONAL INVESTMENTS

Application Amount:	$:
Please specify a class if applying into a specific class (if applicable):	
Source of funds being invested (choose most relevant) ☐ **Retirement income** ☐ **Employment income** ☐ **Business activities** ☐ **Sale of assets** ☐ **Inheritance/gifts** ☐ **Financial investments** ☐ **Other**	
Payment Method: ☐ **Direct Credit/Electronic Funds Transfer** **Westpac Banking Corporation** **Account Name**: ITF Lanyon LIF Apps **BSB:** 036-051 **Account number:** 619609	

3. DECLARATION

I/we declare and agree each of the following:

- I/we have read the current PDS and and acknowledge this additional application request is subject to the terms and conditions set out in the current PDS.
- My/our application is true and correct.
- I am/we are bound by any terms and conditions contained in the current PDS and the provisions of the constitution of the Fund as amended from time totime.
- I/we have legal power to invest.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- I/we acknowledge that none of Lanyon RE Services Limited ABN 59 661 585 815 or any of their related entities, officers or employees or any related company or any of the appointed service providers including the investment manager and custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund.
- I/we have read and understood the privacy disclosure as detailed in the current PDS. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/we consent to Lanyon RE disclosing this information to my/our financial adviser (named in this form) for units in the Fund. Where the financial adviser no longer acts on my/our behalf, I/we will notify Lanyon RE of the change.
- If I/we have appointed an authorised representative, I/we release, discharge and indemnify Lanyon RE from any loss, expense, action or other liability which may be suffered by, brought against me/us or Lanyon RE for any action or omissions by the authorised representative whether authorised by me/us or not.

4. SIGNATURES

Investor Type	**Who should sign**
Individual	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
Company	two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
Trust	each trustee must sign or, if a corporate trustee, then as for a company
Partnership	each partner
Association or Registered co-operative	each office bearer
Government body	relevant principal officer/authorized signatory
Power of attorney	if signed by the unit holder's attorney, the power of attorney must have been previously been provided. If not a certified copy of the power of attorney as well as a certified copy

	of the Power of Attorney's driver's license, passport or other photo identification which confirms the name, address and contains their signature must be attached to this form

Investor 1

Signature | Full Name | Date

Tick capacity (mandatory for companies):

- ☐ Sole Director and Company Secretary
- ☐ Director
- ☐ Secretary
- ☐ Non-corporate trustee
- ☐ Partner

Investor 2

Signature | Full Name | Date

Tick capacity (mandatory for companies):

- ☐ Director
- ☐ Secretary
- ☐ Non-corporate trustee
- ☐ Partner

Please send your signed form to:

lanyon@automicgroup.com.au