TRANSFEREE DETAILS FORM

GI Asset Management Limited ABN 77 161 434 779 Australian Financial Services Licence 432510

Transferees should obtain a copy of the PDS (and any supplementary PDS) for the Life Settlements Wholesale Fund (Fund) and the Responsible Entity's AML booklet from www.lifesettlementsfund.com or by contacting the Responsible Entity.

This form is to be completed by transferees who are acquiring Units in the Fund from an existing investor in the Fund.

You should fill in this form and provide the relevant AML/CTF identification and verification materials (new investors only) in accordance with the AML booklet.

Please complete this form in BLACK INK and print in the boxes in CAPITAL Letters. Mark appropriate boxes with a cross (X).

A. Transferee Details

Transferee 1

Title

Given Name(s)

Surname

Date of Birth

Day Month Year

Gender

Male Female

Tax File Number (Australian Resident Only) or exemption code

Code

Transferee 2

Title

Given Name(s)

Surname

Date of Birth

Day Month Year

Gender

Male Female

Tax File Number (Australian Resident Only) or exemption code

Code

Company / Partnership / Superannuation Fund / Trust (please circle one)

Name of company, partnership or superannuation fund or trust

Tax File Number or exemption code and ABN

Tax File Number (Australian Resident Only) or exemption code

Code

ABN

B. Contact Details

Postal Address

Unit No.

Street No.

Street Name

PO Box

Suburb/City or Town

State

Post Code

Country

Home Telephone

Work Telephone

Email Address

By providing an e-mail address you are agreeing that the Responsible Entity may use this address to provide you with information about your investment such as transaction confirmations, statements and other materials.

C. Income Distribution reinvestment or payment details

A nomination in this section over-rides any previous nominations. Distributions will be re-invested unless otherwise stated.

☐ Re-invest in the Fund ☐ Credit to my/our account

D. Reports

Copies of the annual accounts for the Fund will be available on our website at www.lifesettlementsfund.com. Please make an election below:

☐ I DO NOT wish to receive copies of the annual accounts.

OR

☐ I wish to receive copies of the annual accounts BY EMAIL (please provide a valid email address).

OR

☐ I wish to receive HARD COPIES of the annual accounts.

E. Identification materials and completed checklist are required — NEW INVESTORS ONLY

☐ I have attached completed checklist (with accredited translations if necessary) based on the type of entity investing, as set out in the AML/CTF Handbook.

☐ I have attached original or certified copies of documentation proving identification (with accredited translations if necessary) based on the type of entity investing, as set out in the AML/CTF Handbook.

F. Please complete your bank details below

Bank Name

Country

Bank Address

Account Name

BSB Number

Account Number

Swift Code (overseas investors

G. Declaration and signature

By completing and lodging this form, I/we declare that:

- All the details in this form are true and correct and I/we consent to the Responsible Entity entering my/our details in the Fund's register as a Unitholder.
- I/we have had the opportunity to read the PDS for the Fund and agree to be bound by the provisions of the Constitution;
- If investing as trustee, on behalf of a superannuation fund or trust I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of a superannuation fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act;
- I/we have complied with all laws of the Commonwealth of Australia in relation to my/our investment in the Fund;
- The details of my investment can be provided to the dealer group or adviser shown below and external product advisers into which I/we may direct my/our investment as well as other product providers to whom I/we may transfer my/our investment;
- In the case of joint unitholders, the joint unitholders agree that unless otherwise expressly indicated on this form, the Units will be held as joint tenants and either Investor is able to operate the account and bind the other Investor for future deposit transactions;
- If this form is signed under power of attorney, the attorney declares that he/she has not received notice of revocation of the power (a certified copy of the power of attorney should be submitted with this form unless the Responsible Entity has already sighted it);
- Sole signatories signing on behalf of a company confirm that they are signing as sole director and sole secretary of the company;
- If this form is made through a financial adviser the adviser may be entitled to receive a payment by way of ongoing service fees, including via the redemption of Units from my/our investment.
- I/we have provided to my/our financial adviser or attached to this form all documentation required for AML/CTF investor identification and verification purposes (or you are an existing Investor of the Responsible Entity and therefore do not need to provide the verification materials).

Further, by lodging this form, I/we acknowledge:

- I/we have had the opportunity to seek independent professional advice regarding the legal, tax and financial implications of investing in the Fund;
- I/we have not relied on any statements or representations made by anybody (including the Responsible Entity or its officers, employees or agents) prior to agreeing to acquire the Units from their current owner.

Joint unitholders must both sign

Signature of Transferee 1 or company officer

Print Name

Date / /

Signature of Transferee 2 or company officer

Print Name

Date / /

Adviser name

Adviser code

Dealer

Home Telephone

Work Telephone

Email Address

IMPORTANT NOTICE

- A transfer of Units in the Fund will only be recorded on the Fund's Unit register on receipt of a valid transfer form, this form and the required AML/CTF identification and verification materials.
- The Responsible Entity will make available to you upon request (and at no charge to you) a paper copy of the PDS and any supplementary document. To obtain a copy, please call the Responsible Entity on 1300 881 373 (within Australia) or +61 7 5557 4700 (International)
- The transfer of Units in the Fund is only available to people within Australia.
- You should read the PDS in full before completing this form because it contains important information about the Fund and investment in the Fund.

OFFICE USE ONLY

Date: / /

Check 1

Check 2

Entered

Adviser Stamp