Hardship Policy



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 lifethreatening 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



1. Investor information	Please use BLOCK CAPITALS		
Investor number (if known) Full account nan	ne		
2. Contact details			
Residential address (mandatory): PO Box is NOT acceptable	Postal address details (will be used for all account correspondence)		
Street address	Street address		
State Postcode	Suburb State Postcode		
Country (if not Australia)	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 OR OR		
Class 12M	OR OR		
Class 24M	OR OR		

Hardship Application

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



5. Nominated bank account details

Please specify your nominated Australia The details you hold in my records		t for receiving your redemption proc	reeds from the Fund
Name of financial institution Account name (3rd party payment is not acceptable) BSB Accou	nt Number:		
6. Signatures and roles			
Signature-Investor 1		Signature-Investor 2	
Title (Director/Secretary/Sole Director/Trustee/P	owerofAttorney) mandatory*	Title(Director/Secretary/SoleDirector/Tru	istee/Power of Attorney) mandatory *
Full name		Full name	
Date signed / /		Date signed / /	
Signing Instructions			Company Seal
* 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.			company scal
* Corporate investor/Corporate trustee: (b) by two directors or director and compa applicable). Please state your name & rol Secretary, Sole Director).	Must sign either: (a) under ny secretary; or (c) by a sole	director/sole secretary (where	
* Superannuation/Trust: Each trustee mu	st sign.		
* Power of Attorney (POA): If signed unde BlackRock. If not, an originally certified co attorney's driver's licence, passport or othe and contains their signature must be attac received notice of revocation of that powe	py of the POA as well as an o er photo identification which thed to this form. The attori	originally certified copy of the nonfirms their name, address	

* **Signatory List:** Please provide a signatory list (if applicable).

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



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)

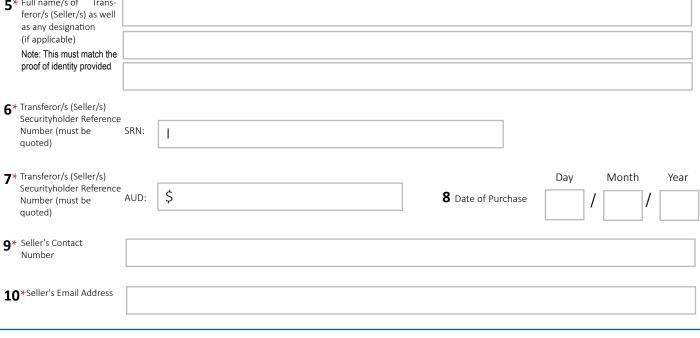
Corporations: You must either provide an extract of the company registration or alternatively you can provide a ^certified copy of the Company Statement. Either must include a listing of the directors together with identity documents as below for the signing directors/company secretary.

^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	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	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 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 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 A local government notice (eg, council rates) or utilities notice issued within the last 3 months		
THE FOLLOWING ARE EXAMPLES OF INDIV	IDUALS 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 consulting Postmaster Motary public Member of the polic Minister of Parliame Commonwealth of the Manager of a bank, be credit union 		 Sheriff or a deputy sheriff Justice of the Peace Officer of the court- Magistrates, County or Supreme Pharmacist 		
SECTION B - SELLER DETA	ILS			
1* Full name of Company, Corporation or Trust in which the securities are held WESTLAWN I	NCOME 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				





SECTION C - BUYER DETAILS					
1* Full name/s of Trans- feree/s (Buyer/s) - A maximum of three joint holders.	Westlawn Financial Services Limite	ed			
Securities may not be solely registered in the names of a firm or busi-					
ness name, an estate or deceased person, a minor, a fund or trust					
2* Full address of Transferee/s (Buyer/s)	22 Queen Street, Grafton NSW 246	60			
Insert full address including the postcode. Only one address may be recorded					
3 Transferee/s (Buyer/s) Securityholder Reference Number (if known)	SRN: 100000001544			,	
4* Buyer's Contact Number	(02) 6642 0400				
5* Buyer's Email Address	grafton@westlawn.com.au				
SECTION D - SI	GN HERE				
Buyer/s the securities as s I/We held the same as th I/We have not received a	er/s and undersigned seller/s for the all pecified above standing in my/our name/s are time of signing hereof and I/We the Enry notice of revocation of the Power of a rof attorney you must have already lodged in	in the books of the above named Com Buyer/s do hereby agree to accept the Attorney by death of the grantor or o	npany subje said secur otherwise u	ct to the several conditions on which ities subject to the same conditions. Inder which this transfer is signed if	
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)	
	Name of Signatory 1 (please print)	Name of Signatory 2 (please print)	_	Day Month Year	
4 *Transferee/s (Buyer/s) sign here	Individual or Securityholder 1	Securityholder 2	3 Date:	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) Day Month Year	
			6 Date	/ / /	

