Withdrawal Form
Alceon Debt Income Fund

ARSN: 650 960 820

MELBOURNE SECURITIES CORPORATION LIMITED is the Responsible Entity for the Alceon Debt Income Fund
ACN: 160 326 545
AFSL: 428289

1 Withdrawal Form

This Withdrawal Form is part of the Product Disclosure Statement dated 12 December 2024 ('PDS') relating to units in the Alceon Debt Income Fund ARSN 650 960 820 (the **Fund**) issued by Melbourne Securities Corporation Limited ACN 160 326 545, AFSL 428289 (the Responsible Entity). This Withdrawal Form is to be used to request a withdrawal of units in the Fund and should be read in conjunction with the PDS. Unless otherwise defined, capitalised terms in this Withdrawal Form have the meaning given to them in the PDS.

If you wish to withdraw units in the Fund, please return your Withdrawal Form to the Fund's administrator by mail, facsimile, or email.

Mail: Alceon Debt Income Fund, c/- Boardroom Pty Limited GPO Box 3393, Sydney, NSW 2001
Email: alceon@boardroomlimited.com.au
Fax: +61 2 9475 0152

You must provide the Responsible Entity with at least one (1) full calendar month's written notice of your intention to withdraw units from the Fund. The constitution for the Fund allows the Fund Manager (Alceon Real Asset Management Pty Ltd) up to 12 months to satisfy an approved withdrawal request, however, the Responsible Entity intends to process withdrawal requests at the end of each month. Valid Withdrawal Request Forms must be received by 5.00pm (Sydney time) on the last Business Day (as defined) of any calendar month to be eligible for processing at the end of the following month (providing the Fund is liquid and the approval of withdrawals has not been suspended) It is the responsibility of the Unitholder to return their completed Withdrawal Form with sufficient time to meet this closing time. Withdrawal proceeds will be credited to your nominated bank account.

Please use black ink and complete the applicable sections in BLOCK LETTERS.

2 Investor Details

Investment number_____

Investor name_____

ACN (if applicable)_____

Registered address _____

Town/Suburb _____State_____Postcode_____

Telephone_____Facsimile_____

Email _____

3 Withdrawal Details

Please select one of the following:

Close my account and pay me my entire balance	Keep this minimum balance and pay me the balance	Please withdraw the below amount
Tick if applicable ☐	$ ☐☐☐☐☐.☐	$ ☐☐☐☐☐.☐

4 Payment Details

Please provide your bank details for payment of the withdrawal amount. The nominated account must be an Australian bank, building society, or credit union account, not a credit card account or an account with a foreign institution. Third party payments are not permitted. This account must be in the investor/s' name.

☐ The account to which distributions are paid; or (please provide details below)–

Financial institution_____

Branch location_____

Account name_____

Branch number (BSB) ☐☐☐ - ☐☐☐

Account Number_____

[1] Third party payments are not permitted. The bank account name must match the name of the investor/s account name

5 Declaration and Signatures

When you complete this Withdrawal Form you make the following declarations:

1. I/We acknowledge that this withdrawal request is subject to the terms and conditions set out in the current PDS as well as the Fund's constitution (as amended from time to time).

i. I/We acknowledge that under the Fund's constitution, the Responsible Entity has up to 12 months to satisfy any approved withdrawal request.

ii. I/We agree that the Responsible Entity is entitled to act on the instructions contained within this Withdrawal Form without further enquiry.

iii. I/We acknowledge that, to process this request, the Responsible Entity may ask me/us for additional information in order to confirm my/our identity or to confirm other details on this form, and the processing of my/our request may be delayed until the information is provided.

iv. I/We acknowledge and agree to the maximum extent permitted by law to release discharge and indemnify the Responsible Entity from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of the instructions given in this withdrawal form.

v. I/We declare that all details in this form are true and correct. **Signatures**

Please sign this form where indicated below. This form must be signed as per the current signing instructions we have on record. If no amendments have been made, the current signatories for the account are the individuals who signed the initial investment application form. If signed under a power of attorney, a certified copy of the power of attorney must be provided with this form (unless already provided to the Responsible Entity).

Electronic Instructions

In respect of electronic instructions (email or fax) you agree and acknowledge that the Responsible Entity:

- will not accept electronic instructions unless it is accompanied by the scanned or faxed signature(s) and/or company seal of the investor(s);
- are not responsible for any loss or delay that results from a transmission not being received by the Responsible Entity;
- will only process electronic instructions received in full and signed by authorised signatories;
- will not accept a receipt confirmation from the sender's facsimile machine or computer as evidence of receipt of the instructions;
- will not compensate you for any losses relating to electronic instructions, unless required by law; and
- do not take responsibility for any fraudulent or incorrectly completed electronic instructions.

In the event of fraud you agree to release the Responsible Entity from and indemnify the Responsible Entity against all losses and liabilities whatsoever arising from our acting in accordance with any instructions received electronically bearing your Investment number and a signature purportedly yours or that of an authorised nominee.

Investor 1 / Company signatory name and title / Trustee

Signature

Date ☐☐ / ☐☐ / ☐☐☐☐

Name

_____

☐ Director ☐ Company Secretary ☐ Trustee ☐ Sole Director ☐ Attorney ☐ Other _____

Investor 2 / Company signatory name and title / Trustee

☐ Director ☐ Company Secretary ☐ Sole Trader Director/Company Secretary ☐ Trustee

Title_____ Surname _____

Given name(s)_____

Date ☐☐ / ☐☐ / ☐☐☐☐

Signature of Investor 2 / Company signatory name / Trustee

Send to:

Email: alceon@boardroomlimited.com.au
By fax: +61 2 9475 0152
By Mail: Boardroom Pty Limited – Alceon Debt Income Fund GPO Box 3993, Sydney, NSW 2001