

DISTRIBUTION REINVESTMENT AUTHORITY FORM

PASSIVE INCOME (USA COMMERCIAL PROPERTY) FUND

ARSN 155 770 095

This Distribution Reinvestment Authority Form ("Agreement") gives authority to Plantation Capital Limited ABN 65 133 678 029 AFSL No 339481 ("PCL") as responsible entity for the Passive Income (USA Commercial Property) Fund ARSN 155 770 095 ("US Fund") to pay your distribution entitlements on the winding up of the US Fund, as directed and in the amounts nominated by you in this Agreement, to Plantation Capital Limited ABN 65 133 678 029 AFSL No 339481 in its capacity as Responsible Entity of the Strategic Opportunities (Growth & Income) Fund ARSN 668 357 837 ("SOGIF") as consideration for the issue of ordinary units in the SOGIF.

Please note that distributions can only be applied from the US Fund towards the issue of units in the SOGIF if:

1. SOGIF is open for investment
(if it is not then your US Fund distribution will be paid to you as cash); and
2. You are a current investor of SOGIF and have a valid SOGIF Investor ID; and
3. Your SOGIF account is in the same name as your US Fund account.

In deciding what percentage of your US Fund distribution to apply to the issue of ordinary units in the SOGIF, you are encouraged to consider your potential income tax liabilities associated with your US Fund distributions. For instance, if you elect for 100% of your US Fund distributions to be applied to the issue of units in SOGIF, you may need to satisfy any income tax liabilities arising from your US investment from sources other than the distributions. You should obtain your own specific taxation advice in relation to this.

You can change the percentage of your US Fund distributions to be applied to the issue of units in SOGIF under the authority in this Agreement at any time by completing and submitting a new Agreement. Alternatively, you may cancel the authority given under this Agreement at any time by giving at least 21 days' notice.

INSTRUCTIONS

Please only send us your form. Do not mail in this instruction page.

The SOGIF contribution fee (normally 2.2% including GST) will be waived on all US Fund distributions applied to the purchase of units in SOGIF under this Agreement.

Prior to completing this form:

1. You must have submitted a properly completed SOGIF online or offline application form, together with your SOGIF investment sum; and
2. Had your SOGIF online or offline application form processed, evidenced by you receiving your SOGIF investor number (that will begin with an 'F'); and
3. Your SOGIF account must be in the exact same name as your US Fund account.

Please print and complete the form IN BLOCK LETTERS in black or blue pen. Alternatively, you may prefer to complete the form online using a computer program. Electronic or wet ink signatures are acceptable.

You can either:

1. Scan this form and email it to: admin@sogif.au; or
2. Mail the form (we recommend express post) to:

Plantation Capital Limited
PO BOX 532
CANTERBURY VIC 3126

**DISTRIBUTION REINVESTMENT AUTHORITY FORM
 PASSIVE INCOME (USA COMMERCIAL PROPERTY) FUND
 ARSN 155 770 095**

1. CONTACT PERSON

Title

Given name/s

Surname

Telephone () Mobile

Email address

2. EXISTING US FUND INVESTOR DETAILS

Full Investor name:

US Fund Investor ID: **I**

3. SOGIF INVESTOR DETAILS

Full Investor name:

SOGIF Investor ID: **F**

4. PARTICIPATION

Place an X in the box below the percentage of your US Fund distribution you want paid over to your SOGIF account (as identified in Section 3).

0%	25%	50%	75%	100%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. DECLARATION AND SIGNATURE/S

By signing this Agreement:

- .. I/we declare that I/we have the capacity and power to complete this Agreement.
- .. I/we acknowledge that I/we have read and understood the Target Market Determination of the Strategic Opportunities (Growth & Income) Fund ARSN 668 357 837.
- .. I/we acknowledge that I/we have read and understood the Product Disclosure Statement for the Strategic Opportunities (Growth & Income) Fund ARSN 668 357 837.
- .. I/we agree to be bound by the terms of the Constitution of the SOGIF (as amended from time to time).
- .. I/we declare all details given in this Agreement are true and correct.
- .. I/we authorise the Responsible Entity to apply the specified percentage of my/our distributions from my/our US Fund account to my/our SOGIF account on my/our behalf as consideration for the issue of ordinary units in the SOGIF.
- .. I/we declare that in completing this agreement, the only information and representations provided by the Responsible Entity in respect of SOGIF are those contained in the SOGIF Product Disclosure Statement.
- .. If signed under power of attorney, I/we declare I am, or we are, authorised under a power of attorney to sign this agreement, that no notice of revocation of that power has been received and I/we are not aware of any circumstance that would affect my/our power to act under that authority.
- .. I/we declare that I/we must first have completed and lodged an application form for the Strategic Opportunities (Growth & Income) Fund ARSN 668 357 837, and the Responsible Entity must have accepted my/our application and issued a SOGIF ID in respect of that application, before any distributions from the Passive Income (USA Commercial Property) Fund ARSN 155 770 095 ("US Fund") can be applied to the issue of units in SOGIF.
- .. I/we understand and agree that the Responsible Entity has absolute discretion to reject my/our application for investment of distributions from the US Fund to SOGIF, without having to give any reason.
- .. I/we understand that none of the Responsible Entity or its related entities, directors or officers guarantees the performance of, the repayment of capital, or income invested in, the SOGIF.

DECLARATION AND SIGNATURE/S (CONTINUED)

Continued from the previous page.

- .. I/we acknowledge that fees and costs may be deducted from the distributions made from the US Fund to SOGIF in accordance with the terms and conditions of the US Fund and the SOGIF respectively.
- .. I/we acknowledge and accept that all investments are subject to risks and the value of my/our investment in the SOGIF may rise or fall.
- .. I/we understand that this agreement does not create a relationship of employment, agency, partnership or joint venture between me/us and the Responsible Entity.
- .. I/we understand and agree that the Responsible Entity may act in accordance with any instruction provided by me/us and is not liable for any act or omission in reliance with that communication.
- .. I/we understand and agree that, to the extent limited by law, the Responsible Entity is not liable for any loss arising out of, or in connection with, any act or omission in performance of the authority provided under this agreement.

Signature/s

Each signatory below confirms that they are the current authorised signatory (prior to this form being processed) and have been duly authorised to execute this Change of Details Form and that the signing authorities have also been duly authorised.

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Sole director*
<input type="checkbox"/> Director 1*	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory*†

Signature X SIGN HERE

Name

Date D D / M M / Y Y

<input type="checkbox"/> Investor 2	<input type="checkbox"/> Individual trustee 2	<input type="checkbox"/> Director 2*
<input type="checkbox"/> Secretary*	<input type="checkbox"/> Partner 2	<input type="checkbox"/> Authorised signatory*†

Signature X SIGN HERE

Name

Date D D / M M / Y Y

* For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.

† An **Authorised Signatory List** must have been previously provided by the organisation.

INTERNAL USE

Date received	D D / M M / Y Y	Investor verified	<input style="width: 100%;" type="text"/>
Database	Date entered D D / M M / Y Y	Entered by	<input style="width: 100%;" type="text"/>
Changes approved	Date D D / M M / Y Y	Approved by	<input style="width: 100%;" type="text"/>