

RF Eclipse Select Credit Fund

# Authority to Repay Form

This Authority to Repay must be read in conjunction with the Product Disclosure Statement dated 19 December 2019 (**PDS**) issued by RF Eclipse Limited (**RF Eclipse, Responsible Entity**) in its capacity as responsible entity of the RF Eclipse Select Credit Fund ARSN 090 994 326 (**Fund**). Unless the context requires otherwise, all capitalised words in this Authority to Repay Form have the meaning given to them in the PDS.

Investor Name	<input type="text"/>
Investor Number	<input type="text"/>

I/We Authorise RF Eclipse to repay the below investment amount to my/our nominated bank account:

Total Repayment Amount	\$	<input type="text"/>
Amount held in Cash Management	\$	<input type="text"/>
Amount held in the Mortgage Investment	to	<input type="text"/>
<i>Repayment of this amount will be made on termination of the Syndicate</i>		
	\$	<input type="text"/>

## Signature 1

Full name

Date

Capacity (tick)  Sole director/secretary  Director  Secretary

## Signature 2

Full name

Date

Capacity (tick)  Sole director/secretary  Director  Secretary

- Joint applicants must both sign;
- Company application must be signed by two Directors, a Director and Secretary, or the Sole Director and Secretary of the company; or
- For trusts/superannuation fund applications each individual trustee must sign.

Questions? If you have any questions relating to this Authority to Repay Form, please contact Investor Relations on 02 9954 2211 during business hours.

Post or email your original signed Authority to Repay Form to:

[investor@rfeclipse.com](mailto:investor@rfeclipse.com)

RF Eclipse Select Credit Fund  
C/- RF Eclipse Limited  
PO Box R1297  
ROYAL EXCHANGE NSW 1225

### OFFICE USE ONLY

Data Entered By:

Details Confirmed By Calling On: