

## Schroders RF Select Credit Fund

# Authority to Repay Form

This Authority to Repay must be read in conjunction with the Product Disclosure Statement dated 29 September 2022 (**PDS**) issued by Schroders RF Limited (**Schroders RF, Responsible Entity**) in its capacity as responsible entity of the Schroders RF 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 Schroders RF 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@schrodersrf.com](mailto:investor@schrodersrf.com)

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#### OFFICE USE ONLY

Data Entered By:

Details Confirmed By Calling On: