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**Redemption Form**

Account name: \_\_\_\_\_

Investor number: \_\_\_\_\_

*Select one redemption option:*Number of units: \_\_\_\_\_ **OR** Amount of funds: \_\_\_\_\_

I/We, being the holder/s of an investment in Norfolk Mortgage Trust, wish to withdraw the amount of funds stated above and request that the proceeds be credited to my/our bank account.

**Signatures**

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note**

1. All registered unit holders must sign.
2. If signed by an attorney, please ensure that Norfolk Mortgage Trust has seen the original Power of Attorney and holds a copy.
3. If signed by an attorney, please complete a certificate of non-revocation (one is provided in this form).

## Certificate of Non-Revocation of Power of Attorney

Complete only if this application is being signed by an attorney

I \_\_\_\_\_  
Name

of \_\_\_\_\_  
Address

\_\_\_\_\_  
Occupation

HEREBY CERTIFY THAT

1. By a Power of Attorney dated the \_\_\_\_\_ day of \_\_\_\_\_  
Date Month and Year

\_\_\_\_\_  
Name and occupation of person for whom the attorney is signing

("the Donor") appointed me their attorney on the terms and conditions set out in the Power of Attorney.

2. I have executed the application for units printed on the face of this form as attorney pursuant to the power conferred on me by the Power of Attorney.

3. At the date of this certificate I have not received any notice or information of the revocation of the Power of Attorney whether by death of dissolution of the Donor or otherwise.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
Place Date Month and Year

Signature of attorney: \_\_\_\_\_