

ALTERNATE AUTHORITY TO OPERATE

(Separate Authority to be completed for each Investment)

Section 1 – Investor Details

Date :

Investor Number:

Investment Name & Address Particulars:

I/We wish to advise Kingsway Group Limited that I/we have authorised the person/persons listed in Section 2 of this authority to act on my/our behalf for the abovementioned investment in the Kingsway Premium Income Fund (where this authority is from an organisation, it has been given by a resolution of a legally constituted meeting of the organisation or the directors of the Company, as the case may be) to:

1. Invest funds on my/our behalf;
2. Redeem funds on my/our behalf; and
3. Give instructions in relation to the investment.

Joint/Several Authorisation

If more than one person has been authorised, they will act in the following manner (select *x* one option):

- Joint authorisation (all persons authorised must act and sign together)
- Severally (each person authorised acts or signs alone on my/our behalf)
- Other (eg 'any two directors' or 'the director & secretary') provide details below:-

This authority will continue until Kingsway Group Limited receives written notice from me, or any one or more of us, or the organisation that it has been cancelled.

Section 2 – Details of Persons Authorised

Name & Address Particulars of Authorised Person

Name & Address Particulars of second Authorised Person (if applicable)

Signature of Investor :

Date

Signature of Investor:

Date

Investor 2 (if required to sign)

Signature of Authorised Person:

Date

Signature of Authorised Person:

Date

Please post to:
Investment Services
Kingsway Group Limited
PO Box 111
MIRANDA NSW 2228

or

Please fax to:
1300 863 091