

CHANGE DISTRIBUTION PREFERENCE

Date :

Investor Number:

Account Name & Address:

I/We hereby instruct Kingsway Group Limited to amend my/our Distribution Preference in the KINGSWAY PREMIUM INCOME FUND as follows:-
(Please tick applicable box)

- Re-Invest quarterly
- Credit my/our nominated bank account

Bank Name

Branch

Account Name

BSB Number

Account Number

Signed :

Investor 1/Company/Super Fund/Trust **Date**

Investor 2 (if required to sign) **Date**

Please post to:

Investment Services
Kingsway Group Limited
PO Box 111
MIRANDA NSW 2228

or

Please fax to:

1300 853 091