

This form is for dividend reinvestment plan application or variation in the

**The Stay Company Income Fund ABN 74 359 500 870**

Use this form if you are an existing investor wishing apply for dividend reinvestment plan application or variation.

**Account name (if a company, please provide full name and ABN/ACN/ARBN):**

**Finexia Account Number:**

**Registered Address:**

**A** **DIVIDEND REINVESTMENT PLAN APPLICATION OR VARIATION**

Please use a **BLACK** pen. Print **CAPITAL** letters inside the combed boxes below

ABC 123

Where a choice is required, mark the box with an '✓'



**This form is to be completed where the Account holder wishes to have their payments reinvested under the rules of the Dividend Reinvestment Plan (DRP).**

I/We being the above named holder of registered securities wish to participate in the Company's DRP as indicated below.

I/We authorise the application of the payment to me/us with respect to the number of securities participating in the DRP at the price and subject to the rules of the DRP.

I/We hereby agree to be bound by the rules of the DRP in subscribing for additional securities.

I/We acknowledge that I/we may vary or cancel my/our participation in the DRP, in accordance with the rules of the DRP.

**This instruction will cancel any earlier DRP instructions and take priority over any direct credit instructions.**

Degree of Participation (cross appropriate box):

FULL PARTICIPATION — Including any further acquisitions.

PARTIAL PARTICIPATION — Please specify the number of units to participate in the DRP

CANCEL — If you wish to cancel your DRP participation.

**B** **SIGNATURE(S) OF UNITHOLDER(S) – THIS MUST BE COMPLETED**

Unitholder 1 (Individual)

Joint Unitholder 2 (Individual)

Joint Unitholder 3 (Individual)

**Name:**

**Name:**

**Name:**

**Signature:**

**Signature:**

**Signature:**

Sole Director and Sole Company Secretary/Director (delete one)

Director/Company Secretary (delete one)

**Signing Instructions:** This form should be signed by the Unitholder. If a joint holding, all Unitholders should sign. If signed by the Unitholder's attorney, the power of attorney must have been previously noted by Finexia or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the company's constitution and the Corporations Act 2001 (Cth) (or the equivalent relevant legislation in the United Kingdom) (or for New Zealand companies, the Companies Act 1993).

**Date:**

**Privacy Clause:** Finexia Securitites Limited is required to collect certain information about Unitholders under company and tax law to administer your unit holding. If some or all of the information is not collected, then it might not be possible to administer your unit holding. You can obtain access to your personal information by contacting Finexia at the address or telephone number shown on this form. Finexia's Privacy Policy is available on its website at <https://www.finexia.com.au/privacy>