

## AURA CORE INCOME FUND ARSN 658 462 652

## WITHDRAWAL OFFER—Aura Core Income Fund

Offer Date: 1 December 2025

Offer Close Date: 30 December 2025

Withdrawal Amount: \$8,500,000

Expected Payment Date: 15 January 2026

As responsible entity of the Aura Core Income Fund (ARSN 658 462 652) (**Fund**), One Managed Investment Funds Limited ABN 47 117 400 987 (**Responsible Entity**) makes this Withdrawal Offer to unitholders of the Fund (**Members**) to redeem Units of up to the total value of the Withdrawal Amount at the Withdrawal Price calculated on the Offer Close Date.

This Withdrawal Offer is open until 5.00pm (Sydney time) on the Offer Close Date.

Members can apply to withdraw their investment from the Fund by completing a redemption request available at this www.oneinvestment.com.au/auracoreincomefund (**Redemption Request**) and returning it to

Mail: One Registry Services Pty Ltd

PO Box R1479

Royal Exchange NSW 1225

Email: info@oneregistryservices.com.au

The Fund assets which will be used to meet Redemption Requests received in response to this Withdrawal Offer are:

- Fund cash at bank

When these Fund assets are converted to money, the Responsible Entity expects to have the Withdrawal Amount available to satisfy Redemption Requests.

If Redemption Requests are received in excess of the Withdrawal Amount specified in this Withdrawal Offer, the requests are to be satisfied proportionately in accordance with the following formula:

Amount of money available (i.e., Withdrawal Amount) X Amount Member Total of all amounts

Amount Member requested to withdraw

Total of all amounts Members request to withdraw

Any Redemption Requests that are not wholly satisfied due to a scale back will be treated as requests for withdrawal in the next limited withdrawal offer and processed under the terms of that offer unless the Member cancels the request prior to the close date of that offer.

Members can cancel the carry over amount of unsatisfied Redemption Requests by notifying the Responsible Entity or the Registrar on 02 8188 1510 of the cancellation at any time prior to the closing date of the next limited withdrawal offer.



Redemption amounts are intended to be paid on the Expected Payment Date but no later than 21 days after the Offer Close Date.

A Member must lodge its Redemption Request in response to this Withdrawal Offer on or before 5PM Sydney time on the Offer Close Date. Once submitted requests are irrevocable.

Nothing needs to be done if a Member wishes to remain in the Fund.

### Important information

Members wishing to withdraw some, or all, of their investment please note the following points:

- You can only lodge a Redemption Request after the Offer Date, and it must be received no later than 5.00pm (Sydney time) on the Offer Close Date.
- Your request will only be processed if we receive a completed Redemption Request, which is available on the Fund website.
- If we receive a completed Redemption Request after the Offer Close Date, we will not process the request.
- Do not submit a Redemption Request unless you are absolutely certain you wish to withdraw your investment, as the request cannot be withdrawn once accepted.
- We may not be able to redeem the full amount of units you request (refer to scale back process above).
- The withdrawal proceeds will only be paid via direct credit to your nominated Australian financial institution account generally on the Expected Payment Date but in any event within 21 days of the Offer Close Date. Cheque payments and third-party deposits are not available.
- Where you have specified a redemption amount in dollars instead of in number of units, we will determine the value of the units you have requested to withdraw by dividing the amount in dollars by the withdrawal price and rounding down to four decimal places.
- Requests will be processed using the ex-price calculated at the Offer Close Date.

#### **Taxation**

There may be tax consequences from redeeming all or a part of your investment and we recommend that you obtain professional advice before deciding to submit a Redemption Request.







# WITHDRAWAL REQUEST DECEMBER 2025

Please complete this form if you wish to notify One Registry Services of a withdrawal request by 5pm Sydney time on 30 December 2025. Please type or print using a <u>black</u> pen and print in <u>CAPITAL</u> letters inside the boxes.

| A. Investor Details                                                        |                                                                   |  |
|----------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| Company or Trust in which Investment is held                               |                                                                   |  |
| Company of Trase III which investment is near                              |                                                                   |  |
|                                                                            |                                                                   |  |
| Full Name(s) of Registered Holding                                         |                                                                   |  |
|                                                                            |                                                                   |  |
|                                                                            |                                                                   |  |
| Registered Address                                                         |                                                                   |  |
|                                                                            |                                                                   |  |
| Suburb/Town                                                                | State Postcode                                                    |  |
|                                                                            | - College                                                         |  |
|                                                                            |                                                                   |  |
| Unitholder Number/Investment Profile ID                                    |                                                                   |  |
|                                                                            |                                                                   |  |
|                                                                            |                                                                   |  |
|                                                                            |                                                                   |  |
| B. Withdrawal Details                                                      |                                                                   |  |
|                                                                            | . (2 !! )                                                         |  |
| Redemption Amount (Units) OR Redemption An                                 | OR Full Redemption                                                |  |
|                                                                            |                                                                   |  |
|                                                                            |                                                                   |  |
| C. Payment Details                                                         |                                                                   |  |
|                                                                            |                                                                   |  |
| Please pay redemption proceeds to:                                         |                                                                   |  |
| Current nominated bank account                                             |                                                                   |  |
| Bank account details provided below                                        |                                                                   |  |
| Note: These details will override any bank account details previously pro- | vided to us. Please leave the next section blank if your preferre |  |
| bank details are the same as you have previously provided.                 | • •                                                               |  |
| Account Name                                                               |                                                                   |  |
| Account Name                                                               |                                                                   |  |
|                                                                            |                                                                   |  |
| BSB                                                                        | Account Number                                                    |  |
|                                                                            |                                                                   |  |
|                                                                            |                                                                   |  |
| Name of Financial Institution                                              |                                                                   |  |
|                                                                            |                                                                   |  |
|                                                                            |                                                                   |  |
| Branch Suburb/Town                                                         |                                                                   |  |
|                                                                            |                                                                   |  |

D. Sign Here – This section must be completed







| Sole Director and Sole Company Secretary | Company Secretary             |
|------------------------------------------|-------------------------------|
| (Please delete as applicable)            | (Please delete as applicable) |
|                                          |                               |
|                                          |                               |
|                                          |                               |
|                                          |                               |
|                                          |                               |
|                                          |                               |
| Name                                     | Name                          |
|                                          |                               |
| Date (dd/mm/yyyy)                        | Date (dd/mm/yyyy)             |
| / /                                      | / /                           |
|                                          |                               |

## Important Information

**Individual:** This form is to be signed by the security holder.

**Joint Holding:** Where the holding is in more than one name, all of the security holders must sign.

Power Of Attorney: To sign under Power of Attorney, you must have already lodged this document with the registry. If you have not

previously lodged this document for notation, please attach an original certified copy of the Power of Attorney to this form when you return it. When signed under Power of Attorney, the attorney states that they have not received

a notice of revocation. One Registry Services needs to sight a certified copy of the Power of Attorney.

Companies: This form must be signed by either 2 Directors or a Director and a Company Secretary. Alternatively, where the

company has a Sole Director and, pursuant to the Corporations Act, there is no Company Secretary, or where the Sole Director is also the Sole Company Secretary, that Director may sign alone and is required to complete the

warranty stating that there is no Company Secretary by completing their name in full.

Privacy Clause: One Registry Services Pty Ltd (ABN 69 141 757 360) advises that Chapter 2C of the Corporations Act 2001 requires information about you as a security holder (including your name, address and details of the securities you hold) to be included in the public register of the entity in which you hold securities. Information is collected to administer your security holding and if some or all of the information is not collected then it might not be possible to administer your security holding. Your personal information may be disclosed to the entity in which you hold securities. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website www.oneregistryservices.com.au.

## Sending your form

Please return completed forms to One Registry Services via mail or email.

Mail: One Registry Services Pty Ltd PO Box R1479

Royal Exchange NSW 1225

Email: info@oneregistryservices.com.au

If you require further assistance, please do not hesitate to contact One Registry Services on +61 2 8188 1510 or via email info@oneregistryservices.com.au