

BlackRock Monthly Income Fund (Class C Units)

Regular Contribution Plan

BLACKROCK

Dated: 25 May 2009

1. Applicant's Details

Please use BLOCK CAPITALS

Investor number (if existing unit holder) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Investor name <input type="text"/>
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2. Select the Frequency

Indicate how often you would like your contributions to be debited. Please allow up to one month authorisation time.

Monthly <input type="checkbox"/> On the 1st of the month <u>OR</u> <input type="checkbox"/> On the 15th of the month	Accounts are debited on the 1st or 15th of each month for monthly contributions plans (as per your selection) and on every second Thursday for fortnightly contribution plans. Your Regular Contribution Plan facility will commence once BlackRock has accepted your direct debit payment instruction. This can take up to one month.
OR Fortnightly From (nominate a date which falls on a Thursday for your debits to begin) <input type="text"/> / <input type="text"/> / 20	

3. Contribution Amount

Please nominate the amount you wish to contribute each month or fortnight against the Fund. The minimum contribution is \$100 per month, or \$50 per fortnight.

Amount \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Contribution fee %* (0% - 4%)
<small>* The CONTRIBUTION FEE section in Part 6 will be completed by your financial adviser, who will nominate the TOTAL amount of Contribution fee to be paid in respect of the Fund. Your adviser will receive the Contribution fee nominated as commission. Your adviser may reduce the Contribution Fee payable. If no Contribution Fee is specified, a full Contribution fee will apply.</small>	

4. Financial Institution

Financial institution <input type="text"/>	Note: Direct debiting is not available on a full range of bank accounts. If in doubt, please refer to your financial institution. * If this is a joint account and joint signatures are required by the Financial Institution please sign on the following page accordingly.
BSB number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Account name* <input type="text"/>	

