

CAPITAL

○ MORTGAGE INCOME TRUST

NOTICE OF WITHDRAWAL

I/We being the holder(s) of _____ units
in the Capital Mortgage Income Trust wish to withdraw
_____ units, and request that the proceeds be
credited to my/our bank account at

(a deposit slip is attached).

Dated _____ day of _____ 2 _____

(Print your name)

(Your signature)

(Print the name of any joint holder)

(Joint holder's signature)

Note:

1. All registered unit holders must sign.
2. If signed by an attorney, please:
 - (a) ensure that Mortgage Fund Managers Limited has seen the original Power of Attorney and holds a copy.
 - (b) attach a certificate of non-revocation.

Certificate of Non-Revocation of Power of Attorney

(Complete only if this application is being signed by attorney)

I _____
of (address and occupation of attorney)

HEREBY CERTIFY THAT:

By Power of Attorney

Dated _____ day of _____ 2 _____

(Name, occupation of person for whom attorney is signing)

("the Donor") appointed me his/her/its Attorney on the
terms and conditions set out in that Power of Attorney.

I have executed the application for units printed on the face
of this form as Attorney under that Power of Attorney and
pursuant to the power thereby conferred upon me.

At the date of this Certificate I have not received any notice
or information of the revocation of that Power of Attorney
by the death (or winding up) of the Donor or otherwise.

SIGNED AT _____

DATE _____

Signature of Attorney