CHANGE OF DETAILS REQUEST

Please update my address bank account details					
Fund Name:					
1. Investor Details					
Investor Name:					
Investor Number:					
Contact Details					
Contact name:	Contact phone:				
Contact email:					
2. New Address					
Please update my	residential postal both residential and postal address as follows: above and fill in your new address. Please note that PO Box is NOT acceptable as residential address.				
Street					
Suburb	State				
Country	Post Code				
3. New Email Addr	ess				
Select One:	Replace Existing Email Address Add Email Address				
Email					
4. New Bank Accou	unt Details				
Bank					
Branch Name					
BSB	Account Number				
Account Name					

5. Authorisation				
I/we instruct MUFG	CM to effect this request in accordance v	with the completed inst	ruc ons set out above. I/we acknowledge that	
any pesonal informa	rion /we provide to b ollected andhan	dled in acordance with	MUFG CM privacy policy, a copy of which can be	
found at www.mpms.	mufg.com or posted / emailed to us if we co	ntact MU on		
•	g@cm.mpms.mufg.com By submitting this f			
consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.				
Signature		Signature		
Print Name		Print Name		
Title (circle)	Individual / Sole Director/ Director/ Trustee	Title (circle)	Individual / Sole Director/ Director/ Trustee	
Date		Date		
Please note it's up to the investor to ensure MUFG CM have been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there maybe delays in processing of this request.				
6. Completed Form				
Please return the co	ompleted form to:			
scan and email this request to qvg@cm.mpms.mufg.com				

If you have any questions about this form please contact us on +612 8767 1114 or qvg@cm.mpms.mufg.com

ABN. 69 619 271 886

AFSL NO. 507070