

CHANGE OF DISTRIBUTION OPTION REQUEST

Fund Name:		
1. INVESTOR DETAILS		
Investor Name:		$\overline{1}$
Investor Number:		Ī
Contact Details		_
Contact name:	Contact phone:	
Contact email:		
2. DISTRIBUTION OPTION		
Please tick ONE option.		
Reinvest	Direct Credit Please provide bank details below	V
This change will be applied to your holding ef	ective from the date when this request was received by MUFG Corporate Markets	
3. NEW BANK ACCOUNT DETAILS		
Unless you advise us otherwise the following b withdrawals (and will overwrite any bank deta	ank details will become default bank details for all distribution payments and any future ils that we currently have in our records).	
Bank:		
Branch Name:		
BSB:	Account Number:	7
Account Name:		Ī
4. AUTHORISATION		
I/we acknowledge that any personal informa accordance with MUFG Corporate Markets (A posted / emailed to us if we contact MUFG C	imited to effect this request in accordance with the completed instructions set out above. ion I/we provide to MUFG Corporate Markets (AU) Limited will be collected and handled in U) Limited privacy policy, a copy of which can be found at https://www.mpms.mufg.com/prorate Markets (AU) Limited on (02) 8767 1114. By submitting this form or any other e consent to my/our personal information being collected and handled by the unit registry in the consent to my/our personal information being collected.	
Signature	Signature	
Print Name	Print Name	_
Title (Circle) Individual / Sole Director/	Director/Trustee Title (Circle) Individual / Sole Director/ Director/Trustee	_
Date	Date	
Places note it's up to the investor to ensure MII	GC Cornorate Markets (ALI) Limited 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.



5. COMPLETED FORM

Please return the completed form to:

- scan and fax this request to (02) 9221 1194 or
- Please post this completed form to:

MUFG Corporate Markets (AU) Limited

Attention: Unit Registry Services

Locked Bag 5038

Parramatta NSW 2124

If you have any questions about this form please contact us on (02) 8767 1114.