

Client Services contact details

Phone:

Within Australia: 1300 097 995 International: +61 3 9616 8614 **Email:** mba@unitregistry.com.au

Change of Details Form

Use this form if you are an existing investor and wish to change your contact details, distribution preference, bank account details or annual report option.

Complete the sections in BLOCK capitals and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

1. Please ensure you have completed the following:

- write your investor number and investor name as it appears on your latest statement in section 1
- if you are changing your contact details complete section 2
- if you are changing your tax status complete section 3
- if you are changing your distribution preference complete section 4
- if you are changing your bank account details complete section 5
- if you are changing your annual report option complete section 6
- sign the form as per the 'Signing instructions' in section 7.

2. Send your documents to us.

You can return your form by post or email according to the details below:

Send by post: Maple-Brown Abbott

GPO Box 804, Melbourne VIC 3001

Scan and email to: mba_transactions@unitregistry.com.au

Please include your account number in the subject line of your email

3. Email instruction conditions

In providing instructions via email, you authorise us and any of our authorised agents to act upon instructions given by email with respect to the units subscribed for (and any further units purchased) or any matter in connection with them without any liability in respect of any transfer, payment or any other act done in accordance with such instructions, including payment of proceeds from the sale of units.

You agree that in providing us with email instructions, you release, discharge and indemnify us and any of our related entities or agents from all actions, proceedings, accounts, claims, costs, demands, losses, liabilities and damages, however arising based on any email instruction we receive where the instruction contains your name and a signature that appears to be yours or that of an authorised signatory on your investment, or any email instruction that is received from your email address.

You bear the risk that someone who knows your account details may send us an instruction to apply or withdraw units via email. Any action taken by that person will be deemed to be taken by you. We are not responsible to you for any fraudulently completed communications and we will not compensation you for any losses which may arise from such fraudulence.

You bear the risk that the use of email instructions may result in the duplication of instructions. We will not compensate you for any losses arising whatsoever from the processing of duplicate instructions.

We reserve the right to change these conditions at any time.

1. Investor details	
Investor number	Investor name
2. New contact details	
New residential address or registered office addre	ss. Street name (or PO Box or other mail details if applicable)
A PO Box/RMB/Locked Bag is not acceptable.	
	Suburb State
Unit/Level Street number	
	Postcode Country
Street name	
	New contact details
	Harris whee Carl days at the and are add
Suburb Stat	e Trome number (include country and area code)
Postcode Country	Business number (include country and area code)
New postal address (if different to residential address	ress) Mobile number (include country code)
A PO Box/RMB/Locked Bag is acceptable.	
Property/Building name (if applicable)	New email address (please use block letters)
Unit/Level Street number	This email address is the default address for all investor
	correspondence (such as transaction confirmations, statements, reports and other material).
	statements, reports and other materialy.
3. Tax status	
1. INDIVIDUALS AND SOLE TRADERS	2. COMPANIES
Please complete if your tax status has changed Australian resident	Please provide your company registration number (for example Australian Business Number [ABN])
Non-resident (Please specify country of residence	ce)
	3. TRUSTS OR SUPERANNUATION FUNDS
If you are an Australian resident for tax purposes, plea	ase Please provide information below which is applicable to you.
provide your tax file number (TFN) or reason for exen If you are an Australian resident and do not provide y	Abiv (applicable if you are a trust of a self-managed
TFN, or reason for exemption, you will be taxed at the	
highest marginal tax rate plus the Medicare levy.	,
TFN	TEN
	TFN
Reason for exemption	
	Australian Registered Scheme Number (applicable if your trust is registered with ASIC)
If you have changed your status for US tax purposes, procontact us for a Tax Information form.	

4. Change of distribution preference

Please indicate your choice below. If you do not make a choice below, we will reinvest your distribution into the fund.

FUND NAME		APIR CODE		Distribution preference (indicate preference with an X)	
				Reinvest	Pay to my Australian bank account
Asian equities					
Asian Investment Trust		MPL0003A	AU		
Asian equity income					
Asian Dividend Growth Fund		MPL8237U	J		
Australian small companies					
Australian Small Companies Fund		MPL1241 <i>A</i>	UA		
Australian value equities					
Australian Equity Trust		MPL0002 <i>A</i>	UA		
Australian Share Fund – Retail		ADV00134	ΑU		
Australian Share Fund – Wholesale		ADV0046A	ΑU		
Australian Value Opportunities Fund		MPL1039A	AU		
Global emerging markets					
Global Emerging Markets Equity Fund		MPL4768 <i>A</i>	AU		
Global listed infrastructure			'		
Global Listed Infrastructure Fund		MPL0006A	UA		
Global Listed Infrastructure Fund - Hedged		MPL0008A	AU		
Multi-asset					
Diversified Investment Trust		MPL0001A	AU		
Sustainable					-
Australian Sustainable Future Fund		MPL0544 <i>P</i>	AU		
5. Australian bank account details					
Please provide the financial institution account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to a financial institution account held in the name of the investor/s. Payments will not be made into third party financial institution accounts. Financial institution name	 Note: If you wish to have money paid into the account you are updating here, please wait for confirmation of the updated details to the register before submitting the Withdrawal Form. Please provide a copy of a bank statement for verification purposes Branch name				
Account name	BSI	B number	Bank	c account numb	er

6. Annual financial statements option				
Annual financial statements by email*	Annual Financial statement via post			
* If you have elected to receive your annual financial statements by email, please provide your email address on section 2 of this form.				
7. Signing instructions				
By completing and signing this form, you	Signature of investor 1, director or authorised signatory			
 authorise us to act according with the instructions on this form 				
 acknowledge that the instructions on this form supersede all previous instructions received by us, and 	Full name (please print)			
 agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your 				
instructions on this form.	Date (DD/MM/YYYY)			
Who needs to sign this form				
Individual – where the investment is in one name, the account holder must sign. Joint Holding – where the investment is in more than one	Company officer (please indicate company capacity) Director Sole director and company secretary			
name, all of the account holders must sign. Companies – where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must	Sole director and company secretary Authorised signatory Signature of investor 2, director/company secretary or authorised signatory			
be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.				
Trust – the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.	Full name (please print)			
	Date (DD/MM/YYYY)			
Power of Attorney – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or	Company officer (please indicate company capacity) Director Sole director and company secretary			
revoked and that the Donor is still living.	Authorised signatory			