

Switch Form

Issued 15 August 2016

Please print well within the boxes in CAPITAL LETTERS. Mark appropriate boxes with a cross like the following

Please send the completed Switch Form by fax to 1300 365 601 or by mail to:

National Australia Bank Limited, Registry Services, PO BOX 1406, Melbourne VIC 3001

Important: The minimum switch amount is \$5,000 per Fund. The minimum account balance is \$20,000 per Fund for both the 'switch from' and the 'switch to' funds.

STEP 1: INVESTOR DETAILS

Investor number Investor Name

(as shown on original Application Form)

Important: If your details have changed, please also complete a Change of Details Form (visit www.ausbil.com.au)

STEP 2: SWITCH FROM

Fund Name	Full switch	or	Amount \$	or	No. of units	or	%
Ausbil Australian Active Equity Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Ausbil Australian Geared Equity Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Ausbil Australian Emerging Leaders Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Ausbil MicroCap Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Ausbil 130/30 Focus Fund (Retail Class)	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Ausbil 130/30 Focus Fund (Wholesale Class)	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Ausbil Balanced Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Candriam Sustainable Global Equity Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
MacKay Shields Unconstrained Bond Fund	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Other: _____	<input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Total			\$ <input type="text"/>				100%

STEP 3: SWITCH TO

Fund Name	Amount \$		Distribution*	
	(each Fund)	or %	Reinvestment of distribution	or Pay distribution to your nominated bank account
Ausbil Australian Active Equity Fund	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Geared Equity Fund	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Emerging Leaders Fund	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil MicroCap Fund	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil 130/30 Focus Fund (Retail Class)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil 130/30 Focus Fund (Wholesale Class)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Balanced Fund	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candriam Sustainable Global Equity Fund	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
MacKay Shields Unconstrained Bond Fund	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total	\$ <input type="text"/>	100%		

* Your nomination will override previous nominations and will apply to all investments in that Fund. If left blank, distributions will be reinvested unless previously advised.

STEP 4: SIGNATORIES

This form must be signed by all authorised signatories (e.g. For a joint account, both signatories must sign this form.)

By executing this Form I/we agree with, and represent and warrant to Ausbil that:

- all details in this Form are complete, true and correct;
- all details previously provided to Ausbil in our first application for units in a fund and any supporting client identification documents are and remain complete, true and correct;
- I/we have read and understood the Product Disclosure Statement (PDS) and any Incorporated Material (IM) or Additional Information Guide for the applicable fund(s) and agree to be bound by them (as updated from time to time);
- I agree to be bound by the constitution(s) for those fund(s) (as amended from time to time);
- that acceptance of my/our application for units in any fund(s) will be at the sole discretion of Ausbil and that Ausbil has the right to reject any application;
- I/we have legal power to sign this Form and invest in the fund(s) and have complied with all applicable laws in doing so (including those relating to superannuation and tax);
- if the Form is signed by an attorney, the attorney declares that he/she has not received notice of revocation of appointment and has provided a certified copy of the Power of Attorney to Ausbil;
- I/we are aware of the risks involved with investing in the fund(s) and have not relied on any representation (whether oral or written) from Ausbil or any other persons in connection with the fund(s).
- It is my/our responsibility to seek independent investment, financial, legal or taxation advice as to the suitability of the fund(s) to my/our circumstances;
- I/we understand that my/our investment in the fund(s) is subject to investment risks, including possible delays in repayment and loss of income and principal;
- I/we understand that none of Ausbil or its related entities or associates guarantees the performance of the fund(s), repayment of capital, rate of return or amount of any distribution;
- I/We will not knowingly do anything to put Ausbil in breach of AML/CTF Laws and will I notify Ausbil if I/we are aware of anything that may put Ausbil in breach of AML/CTF Laws.
- I/we are not aware and have no reason to suspect that the application moneys or proceeds of investment in the fund(s) are derived from or will be used in connection with money laundering, terrorism financing or any other illegal activities;
- if requested, I/we will provide additional information and comply with all reasonable requests by Ausbil to enable it to comply with AML/CTF Laws;
- that personal information about me/us may be collected, used and disclosed in accordance with Ausbil's Privacy Policy and the privacy statements included in the PDS/IM, including for marketing purposes;
- I/we understand the increased risk of communications made by telephone, fax or electronic means;
- I/we will promptly advise Ausbil if event or circumstances occurs which would cause these representations and warranties to be incorrect or misleading or if I/we are in breach of any agreement or undertaking; and
- I/we indemnify Ausbil against any losses or liabilities incurred by it as a result of a breach by me/us of any agreement, representation or warranty.

I/we agree that the above agreements, representations, warranties are given on the date this Form is signed and repeated on each day thereafter until I/we cease to have an investment in the fund(s).

Name	Date	Company seal (If applicable)
<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"/>	
Signature	<input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Director	
<input type="checkbox"/> Company Secretary <input type="checkbox"/> Sole Director <input type="checkbox"/> Trustee <input type="checkbox"/> Executor <input type="checkbox"/> Attorney		
<input type="checkbox"/> Authorised Signatory		
Name	Date	
<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"/>	
Signature	<input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Director	
<input type="checkbox"/> Company Secretary <input type="checkbox"/> Sole Director <input type="checkbox"/> Trustee <input type="checkbox"/> Executor <input type="checkbox"/> Attorney		
<input type="checkbox"/> Authorised Signatory		

SEND TO US

Once you have completed and signed this Form, please send it to:

**National Australia Bank Limited Registry Services, PO Box 1406, Melbourne, VIC, 3001.
Fax: 1300 365 601**

Ausbil will not be able to process your application until we receive the correct documentation. This may affect the unit price applying to your investment.

ANY QUESTIONS?

If you have any questions about completing this Form, please contact our Client Services Team on 1800 287 245 (toll free).