

Ausbil Investment Trusts-Change of Details Form

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

Please send the completed Change of Details Form to:

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

Faxed or photocopied documents will NOT be accepted.

Section 1: INVESTOR DETAILS

Investor Number Investor Name

Please mark box with an to indicate the details you wish to amend.

- Change of contact details. Complete section 2 and 8.
- Change of distribution details. Complete section 3 and 8.
- Change of Bank account details. Complete section 4 and 8.
- Change of Financial Advisor. Complete section 5 and 8.
- Change of Authorised Signatory. Complete section 6 and 8.
- Change of investor's name. Complete section 7 and 8 and attach supporting documentation.

If the change in investor's name involves a change of beneficial ownership, DO NOT COMPLETE THIS FORM. You will need to complete a new Application form and Standard Transfer Form.

Only complete sections that require changing.

Section 2: CHANGE OF CONTACT DETAILS

Street Address

Unit Number/Level Street Number Street Name

Suburb/City/Town State Postcode

Country of Residence Telephone Number (business hours) Telephone Number (after hours)

Email Address

PO Box Address

PO Box No. Suburb State Post Code

Please indicate below your preferred method of communication for investment materials and marketing information Email Mail

Your nomination will override previous nominations.

Country of residence for tax purposes

- Complete one of the relevant fields below if you wish to change your country of residence for tax purposes.

Country of Residence for tax purposes (If not in Australia) Tax file Number (resident of Australia for tax purposes)

Section 3: CHANGE OF DISTRIBUTION DETAILS

Fund Name

Distribution* (Cross one box for each investment)

| | Reinvestment of Distribution | or | Pay Distribution to bank account |
|--------------------------------------|------------------------------|----|----------------------------------|
| Australian Active Equity Fund | <input type="checkbox"/> | | <input type="checkbox"/> |
| Australian Geared Equity Fund | <input type="checkbox"/> | | <input type="checkbox"/> |
| Australian Emerging Leaders Fund | <input type="checkbox"/> | | <input type="checkbox"/> |
| Active Extension Fund (Retail Class) | <input type="checkbox"/> | | <input type="checkbox"/> |
| Balanced Fund | <input type="checkbox"/> | | <input type="checkbox"/> |
| Dexia Sustainable Global Equity Fund | <input type="checkbox"/> | | <input type="checkbox"/> |
| Ausbil MicroCap Fund | <input type="checkbox"/> | | <input type="checkbox"/> |

*Your nomination will override previous nominations and will apply to all investments in that Fund.

Please Note: The Responsible Entity will not issue cheques for distribution payments.

Section 3: CHANGE OF DISTRIBUTION DETAILS

Pay my distributions and redemption requests to: Current nominated bank account New bank account detailed below

Section 4: CHANGE OF BANK ACCOUNT DETAILS

Bank account supplied must be in the name of the investor as we can not pay to third parties.

Note: Any details below will override any bank account details previously provided to us. Please leave blank if your preferred details are the same as those you have previously provided.

Financial Institution Name

Branch Name

Branch Number (BSB)

Account Number

Account Name

Section 5: CHANGE OF FINANCIAL ADVISER

Complete this section if you are changing your financial adviser.

I/We have a new financial adviser whose details appear below. I/We acknowledge that Ausbil will hold personal information about me/us and will disclose this information to my/our financial adviser. I/We acknowledge that Ausbil will cease to disclose this personal information if I/We notify Ausbil that the financial adviser whose details appear below no longer acts on my/our behalf.

Adviser Name

Adviser Contact Number- direct/mobile

Adviser's Email

Adviser's Authorised Representative number

Dealer Group Stamp

Unit Number/Level Street Number Street Name

Suburb/City/Town

State

Postcode

Contact Name (PRINT)

Adviser Firm Name

Dealer Group Name

Dealer Group AFS Licence Number

Section 6: CHANGE OF AUTHORISED SIGNATORY

Name of Authorised Signatory to be added

Street Address

Unit Number/Level Street Number Street Name

Suburb/City/Town

State

Postcode

Country of Residence

Email Address

Telephone Number (business hours)

Telephone Number (after hours)

Signature

Company Secretary Sole Director Trustee Executor

Individual Partner Director Power of Attorney

Section 6: CHANGE OF AUTHORISED SIGNATORY continued.

Name of Authorised Signatory to be removed

Signature

- Company Secretary Sole Director Trustee Executor
 Individual Partner Director Power of Attorney

Note: The Authorised Signatory who is being removed must nevertheless sign the completed form at Step 8

Section 7: CHANGE OF INVESTOR'S NAME

Change in name - marriage/divorce/deed poll

- Complete this section with your updated details (name and signature) which we will keep on file once your request has been processed.
- Attach an originally certified copy of the relevant documentation (e.g. originally certified copy of marriage certificate or deed poll)
- **When you complete Step 6, provide the previous signature that we have on file**

Name to be changed to

Signature to be changed to

Change of name - Company, Superannuation Fund and Trust

- Company- attach an originally certified copy of the Change of Name Certificate.
- Superannuation Fund- attach an originally certified copy of the Superannuation Fund Trust Deed indicating the change of name.
- Trust- attach an originally certified copy of the Trust Deed indicating the change of name.

Company, Superannuation Fund or Trust name

Account reference (if applicable)

Note: If the change results in a change of beneficial or legal ownership of the investment, we require the following:

- Completed Standard Transfer Form
- New Application from a current Product Disclosure Statement (PDS) available on our website www.ausbil.com.au

Section 8: SIGNATURES

- **This form must be signed by all authorised signatories. (eg. For a joint account, both signatories must sign this form).**
- Please note that Ausbil reserves the right to contact an authorised signatory to confirm details of any change requested.
- Where signing under Power of Attorney, the Attorney confirms that no notice of revocation of that power has been received. An originally certified copy of the Power of Attorney, including the appointed Power of Attorney's signature, must be lodged with this form if it has not previously been supplied.
- Please send the original documents to the address on page 1, faxes or photocopied documents will NOT be accepted

Name

Date

Signature

- Individual Partner Director

- Company Secretary Sole Director Trustee Executor Power of Attorney

Name

Date

Signature

- Individual Partner Director

- Company Secretary Sole Director Trustee Executor Power of Attorney

Common Seal (if applicable)