

**Client Services contact details**

**Phone**

1800 287 245 or 02 9259 0200

**Email**

[ausbil\\_transactions@unitregistry.com.au](mailto:ausbil_transactions@unitregistry.com.au)

**Website**

[www.ausbil.com.au](http://www.ausbil.com.au)

## Change of Details

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.

Please complete the sections in BLOCK letters 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:

- if you are changing your **contact details** complete section 1, 2 and 7
- if you are changing your **distribution** preference complete section 1, 3 and 7
- if you are changing your **bank account details** complete section 1, 4 and 7
- if you are changing your **annual financial statements** option complete section 1, 5 and 7

2. Send your documents to us.

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

Send by post: Ausbil Investment Management Limited  
GPO Box 804  
Melbourne VIC 3001

Fax to: 1300 072 387

Scan and email to: [ausbil\\_transactions@unitregistry.com.au](mailto:ausbil_transactions@unitregistry.com.au)

Please include your investor number in the subject line of your email.

### IMPORTANT NOTE REGARDING CHANGING BANK ACCOUNT DETAILS ON FILE

Ausbil can only pay redemption proceeds to the Australian bank account held on file which has previously been submitted and accepted.

For any changes to your Australian bank account held on file, Ausbil requires an original Change of Details Form with an original signature to be completed.

## 1 Investor details

Investor number

Investor name

## 2 New contact details

### New residential address or business address.

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit/Level

Street number

Street name

Suburb

State

Postcode

Country

### New postal address (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit/Level

Street number

Street name (or PO Box or other mail details if applicable)

Suburb

State

Postcode

Country

### New contact details

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

New email address (please use block letters)

This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

### Registered Office Address

Please complete if different from Business Address above.

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit/Level

Street number

Street name

Suburb

State

Postcode

Country

### 3 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
Ausbil Australian Active Equity Fund	AAP0103AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Concentrated Equity Fund	AAP9227AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Active Sustainable Equity Fund	AAP3940AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Active Dividend Income Fund	AAP3656AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Geared Equity Fund	AAP0002AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil 130/30 Focus Fund - Wholesale Class	AAP0008AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Emerging Leaders Fund	AAP0104AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil MicroCap Fund	AAP0007AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian SmallCap Fund	AAP5529AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Long Short Focus Fund	AAP8211AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Balanced Fund	AAP0101AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Global Resources Fund	AAP5928AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Global SmallCap Fund	AAP8285AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Global Essential Infrastructure Fund - Unhedged	AAP3254AU	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Global Essential Infrastructure Fund - Hedged	AAP3601AU	<input type="checkbox"/>	<input type="checkbox"/>
Candriam Sustainable Global Equity Fund	AAP0001AU	<input type="checkbox"/>	<input type="checkbox"/>
MacKay Shields Multi-Sector Bond Fund	AAP0020AU	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		<input type="checkbox"/>	<input type="checkbox"/>

### 4 Australian bank account details

Please provide the Australian 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.

Any details provided will override any bank account details previously provided to us.

**Please note:** We will not issue cheques for income distribution or redemption payments.

Select one of the following.

- For distributions only  
 For withdrawals only  
 For both distributions and withdrawals

**Please note:** If you do not make a choice above, we will amend your bank account details for both distributions and withdrawals.

Name of Australian bank or financial institution

Branch name

BSB number

   -   

Account number

Account name

## 5 Annual financial statements option

No annual financial statement

Annual financial statements by email\*

Annual financial statements by post

If no election is made, financial statements will not be sent.

\* If you have elected to receive your annual financial statements by email, please provide your email address on section 2 of this form

## 6 Facsimile Indemnity

If you are instructing us via facsimile (including applications, withdrawal requests and switching requests) you acknowledge the following conditions:

- We will process your facsimile instructions if it has been received by us in full. We bear no responsibility for any loss or delay that may be incurred from a transmission not being received by us. A facsimile receipt confirmation from the sender's facsimile machine is not evidence that the facsimile has been received.

- We bear no responsibility for any fraudulently completed facsimile transactions and will not compensate you for any losses. For instance, you uphold the risk that a facsimile may be sent by someone who knows your account details.

## 7 Acknowledgement and signatures

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

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

- All details in this Form are complete, true and correct;
- I/we have read and understood the Product Disclosure Statement (PDS) and Additional Information Guide (AIG) 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);
- The details of my/our investment can be provided to the dealer group or adviser shown on this Form by the means and in the format that they direct;
- Sole signatories signing on behalf of a company confirm that they are signing as sole director of the company;
- If acting as a trustee or custodian, I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the trust deed or custody agreement;
- 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 I will 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 monies 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, including for marketing purposes;
- 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).

**By completing and signing this form, you**

- 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
- 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.

**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 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 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.

**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 revoked and that the Donor is still living.

**Signature of investor 1, director or authorised signatory**

Please print full name

Date (DD/MM/YYYY)

Company officer (please indicate company capacity)

- Director  
 Sole director and company secretary  
 Authorised signatory

**Signature of investor 2, director/company secretary or authorised signatory**

Please print full name

Date (DD/MM/YYYY)

Company officer (please indicate company capacity)

- Director  
 Company secretary  
 Authorised signatory