

CHANGE OF DISTRIBUTION OPTION REQUEST

Fund Name:

1. Investor Details

Investor Name:

Investor Number:

Contact Details

Contact name: **Contact phone:**

Contact email:

2. Distribution Option

Please tick ONE option.

Reinvest **Direct Credit** *Please provide bank details below*

This change will be applied to your holding effective from the date when this request was received by Link Fund Solutions.

3. Bank Account Details

Unless you advise us otherwise the following bank details will become default bank details for all distribution payments and any future withdrawals (and will overwrite any bank details that we currently have in our records).

Bank

Branch Name

BSB **Account Number**

Account Name

4. Authorisation

I/we instruct Link Fund Solutions (LFS) to effect this request in accordance with the completed instructions set out above. I/we acknowledge that any personal information I/we provide to LFS will be collected and handled in accordance with Link Fund Solutions' privacy policy, a copy of which can be found at www.linkfundsolutions.com or posted / emailed to us if we contact LFS on (02) 8767 1114. By submitting this form or any other paperwork relating to my/our I/we consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.

Signature	<input style="width: 100%; height: 45px;" type="text"/>	Signature	<input style="width: 100%; height: 45px;" type="text"/>
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Print Name	<input style="width: 100%; height: 25px;" type="text"/>	Print Name	<input style="width: 100%; height: 25px;" type="text"/>
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Title (circle)	Individual / Sole Director/ Director/ Trustee	Title (circle)	Individual / Sole Director/ Director/ Trustee
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Date	<input style="width: 100%; height: 25px;" type="text"/>	Date	<input style="width: 100%; height: 25px;" type="text"/>
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Please note it's up to the investor to ensure Link Fund Solutions 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:

Link Fund Solutions
Attention: Unitholder Services
Locked Bag 5038
Parramatta NSW 2124

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