

Change of Details Form



4. Nominated bank account (please complete all sections)

These banking instructions will apply to income distributions and withdrawals and will replace those we may have on file for your account. The bank account must be in the name of the investor.

Name of financial institution

Branch

Account name

Branch number (BSB) - Account number

Swift Code

5. Change of income distribution option

Please nominate how you would like your income distribution paid:

Reinvest distributions Credit bank account

6. Annual report options (please select one)

I wish to receive the annual report via email (please provide your email address in Section 3).

I don't want to receive the annual report

I wish to receive a printed copy of the annual report in the mail each year.

7. Signatures (must be completed)

Each signatory below confirms that they have been duly authorised to execute this instruction.

Authorised signatory 1 Date

Surname

Given name(s)

Position (please select one) Investor Director Trustee Other

Authorised signatory 2 Date

Surname

Given name(s)

Position (please select one) Investor Director Trustee Other

Returning this form

Please return this form by post to the following address:

Vasco Trustees Limited
Level 4, 99 William Street
Melbourne VIC 3000