

## Change of Contact Details Form

### Investor Details

APN Fund name

Investor number

Investor name | Trust name | Company registered name | Partnership name

### New Contact Details

Contact name

Email address | for electronic correspondence

Residential address

Line 1

Postal address address (if different from residential address)

Line 1

Line 2

Line 2

Suburb/City/Town

State

Postcode

Suburb/City/Town

State

Postcode

Country (if outside Australia)

Country (if outside Australia)

Home number

 ( )

Work number

 ( )

Fax number

 ( )

Mobile number

### Declaration and Signature(s) | joint applicants must both sign

I/We declare that:

- All details provided by me/us in this Form are true and correct.
- If I/we have received the Form from the internet or other electronic means that I/we received it personally or a printout of it, accompanied by or attached to this Form.
- If this is a joint investment, each of us agrees, unless otherwise indicated on this Form, our investment is as joint tenants. Each of us is able to operate the account and bind the other(s) to any transaction including investments, switches or withdrawal by any available method.
- I will provide to APN Funds Management (APN FM) or its nominee any information that APN FM reasonably requires in order to enable APN FM to comply with all its obligations under the Anti-Money Laundering Counter-Terrorism Financing Act 2006 and its associated rules (in force from time to time).
- If investing as trustee on behalf of a superannuation fund or trust I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act.
- I/we acknowledge that APN FM and its related bodies corporate may disclose and use personal information as contemplated in the current PDS under the heading "Privacy".
- I/we acknowledge and agree that electronic instructions will be treated as contemplated in the current PDS under the heading "Electronic Instructions".
- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this application unless APN FM have already sighted it).
- SOLE SIGNATORIES signing on behalf of a company confirm that they are signing as either a director or sole director and sole secretary of the company by ticking the relevant box.

Name of Investor A | Trustee | Company Director (please print)

Name of Investor B | Trustee | Company Director/Secretary (please print)

Signature of Investor A | Trustee | Company Director

Signature of Investor B | Trustee | Company Director/Secretary

Director

Sole director | Sole secretary

Date

 / /

Director

Sole director | Sole secretary

Date

 / /

Company seal (if company or trust)

Please forward this completed form to:

**APN Funds Management Limited**

PO Box 18011, Melbourne Collins Street East, Victoria 8003

Email | [apnfm@apngroup.com.au](mailto:apnfm@apngroup.com.au) Website | [www.apnfm.com.au](http://www.apnfm.com.au)

Investor Services | 1800 996 456 Adviser Services | 1300 027 636

Facsimile | (03) 8656 1010