

REQUEST TO CHANGE AUTHORISED SIGNATORIES

Please complete in black or blue pen and use CAPITAL letters.

Fund Name:			
1. Investor Details			
Investor Name:			
Investor Number:			
Contact Details		_	
Contact name:		Contact phone:	
Contact email:			
2. New Signatories			
Date Effective			
Signature		Signature	
Print Name		Print Name	
Title (circle)	Individual / Sole Director/ Director/ Trustee	Title (circle)	Individual / Sole Director/ Director/ Trustee
Date		Date	
If there are more than	2 new signatories please provide details	on a separate sheet	of paper and attach it to this request.
3. Original Signator	ies		
information I/we provide www.linkfundsolutions.co	e to LFS will be collected and handled in accordance or posted / emailed to us if we contact LFS on	ance with Link Fund Solut +612 9547 4311 or LFS re	ions set out above. I/we acknowledge that any personal ions' privacy policy, a copy of which can be found at <u>gristry@linkgroup.com</u> . By submitting this form or any ollected and handled by the unit registry in accordance
Signature		Signature	
Print Name		Print Name	
Title (circle)	Individual / Sole Director/ Director/ Trustee	Title (circle)	Individual / Sole Director/ Director/ Trustee
Date		Date	
4. Completed Form			
Please return the com	pleted form to:		
scan and er	mail this request to LFS_registry@linkgroup.c	com or	
Please post this completed form to:			
	Link Fund Solutions		3 3 3 3 4 4 4
	Attention: Unitholder Services	1. 1. 1.	1. 1. 1. 1. 1. 1. 1. 1.
	GPO Box 5482	1. 19. 24	39,59,55,50
:	Sydney NSW 2001	1 1 1 1	1
If you have any question	ons about this form please contact us on (02)	9547 4311 or LFS_regis	try@linkgroup.com.