

CHANGE OF DISTRIBUTION OPTION REQUEST

Fund Name:								
1. Investor Details								
Investor Name:								
Investor Number:								
Contact Details						-		
Contact name:	Contact phone:							
Contact email:								
2. Distribution Opt	ion							
Please tick ONE option	n.					Г		
Reinvest	Direct Credit Please provide bank de						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	ame							
4. Authorisation								
information I/we provide www.linkfundsolutions.com	le to LFS v	will be collected sted / emailed to	and handle us if we co	ed in accord ontact LFS o	dance with Link n +612 9547 43	Fund Sol 11 or <u>LFS</u>	lutions' p registry(et out above. I/we acknowledge that any personal brivacy policy, a copy of which can be found at @linkgroup.com . By submitting this form or any d and handled by the unit registry in accordance
Signature					Signati	ure		
Print Name					Print N	lame		40
Title (circle)		Individual / So Director/		or/	Title (c	circle)		Individual / Sole Director/ Director/ Trustee
Date					Date			The state of the s
Please note it's up to the signature to the initial a						-	-	on this account. Where we cannot match the equest.

5. Completed Form- Please return the completed form to:

- scan and email this request to LFS_registry@linkgroup.com or
- Please **post** this completed form to:

Link Fund Solutions

Attention: Unitholder Services

GPO Box 5482 Sydney NSW 2001

If you have any questions about this form please contact us on (02) 9547 4311 or LFS_registry@linkgroup.com