Macquarie Investment Management Change of details form



Issued by Macquarie Investment Management Australia Limited (Macquarie) ABN 55 092 552 611 AFSL 238321

Guide to completing this form

Use this form to	Section
Provide your TFN or ABN	1, 2 and 10
Update your address details	1, 3 and 10
Update your distribution options	1, 4 and 10
Update your nominated bank accounts	1, 5 and 10
Amend your contact details	1, 6 and 10
Update how you would like your correspondence to be distributed	1, 6 and 10
Add third party recipients to receive communications, including transaction statements, on your account	1, 7 and 10
Update how you would like to receive the annual financial reports	1, 8 and 10
Update your account operating instructions	1, 9 and 10

- This will apply to all Funds which are linked to the 5-digit investor number in Section 1.
- Please use black ink and complete in BLOCK LETTERS.
- · Return the completed form by mail, facsimile or email.



Investor details

My 5-digit investor number Your 5-digit investor number can be located on your periodic statements.	STATEMENT For the period 05/11/2014 to 20/11/2014 Account Name: Mary Smith ATF Smith Family Trust Investor Number: 87170

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Provide TFN or ABN

ABN/TFN or reason for exemption



It is not compulsory for you to provide your TFN or ABN, and it is not an offence if you decline to provide it. However, unless exempted, if your TFN or ABN is not provided, tax will be deducted from any income at the highest marginal rate plus the Medicare levy and any other applicable levies or taxes.

To contact Macquarie Investment Management Client Service, call **1800 814 523** or **61 2 8245 4900** 8.30am to 5.30pm (Sydney time) Monday to Friday or email **mim.clientservice@macquarie.com**.

You can also write to us at PO Box R1723, Royal Exchange, NSW 1225 Australia or fax us at 61 2 8232 4730.



Update address details

	ase elect which address(es) you would like to amend. Residential Postal Both					
	Residential address (cannot be a PO box)					
	et name and number					
Sub	urb	State		Postcode		
Cou	ntry					
	tal address e postal address the same as residential address?	elow				
Stre	et name and number					
Sub	urb	State		Postcode		
Cou	ntry	J				
Update distribution options This will apply to all Funds unless instructions are supplied in a signed separate sheet attached to this form. Cross this box to reinvest your distributions.						
	Cross this box to have distributions deposited into your nominated bank account.					
	Update nominated bank accounts ase elect which bank accounts you would like to amend. Redemption proceeds Distribution of income Both					
Distribution of income and redemption proceeds can only be paid into an account with an Australian financial institution. This account must be in the investor's name. Payment to a third party bank account is not permitted. For example, if you applied as a corporate trustee for a trust, the bank account name must include the name of the trust.						
A.	Redemption proceeds					
	Name of financial institution					
	Account name					
	Branch number (BSB) — Account number					
В.	Distribution of income					
	Cross this box if same as nominated redemption bank account details. If different, p	lease co	mplete below.			
	Name of financial institution					
	Account name					
	Branch number (BSB) — Account number					

Work phone number	Home phone number	
ax number	Mobile phone number	
Investor only Inves	amend how your correspondence is distributed. tor and adviser Adviser only email address, you agree that we may provide you with information increase and other material by email. From time to time, we may still send you corre	
Add third	party recipients to receive communications,	including
/	n statements, on your account	ii icidali ig
- -ull given name(s)		
Surname		
Postal address		
Street name and number		
Suburb	State	Postcode
Country		
Email address	Other contact number	
(
Email address Phone number Relationship to investor		

Update how annual financial reports are received

Cross this box to receive an electronic copy of the annual report for each financial year.

Cross this box to receive a hard copy of the annual report for each financial year in the post.

Company Secretary Trustee

Attorney



Update account operating instructions

Joint investors					
Either to sign Both to sign					
Company (Domestic/Foreign)					
Sole director to sign					
The two directors that have executed the Application Form to sign					
The director and company secretary that have executed this Applic	ation Form to sign				
Other, please provide details					
Trust					
If individual trustee(s)					
Either trustee that has executed this Application Form to sign					
Both trustees that have executed this Application Form to sign					
Other, please provide details					
If corporate trustee(s)					
Refer to requirements for 'Company (Domestic/Foreign)' listed above.					
i. I/We confirm that I/we have provided all information required and that the information is accurate, complete and up to date. ii. I/We agree that by providing Macquarie with my/our email address, I/we consent to Macquarie corresponding with me/us via email, unless I/we notify Macquarie otherwise. iii. I/We agree to information about me/us being collected, used and disclosed in accordance with Macquarie's Privacy Policy. Confirmation of instructions When you are instructing us in relation to the following: change of bank account details change of distribution method from re-investment to direct credit to a new bank account change of authorised signatory/signatories, or change of postal address, we may contact an authorised signatory for the investment to confirm that the instruction is authorised. If we are unable to contact an authorised signatory, we may postpone the processing of the instruction until we have been able to make contact and confirm the instruction. Your instruction may not be treated as having been received by us until it has been confirmed, unless we determine otherwise.					
Authorisation 1	Authorisation 2				
Signature	Signature				
Signature Date / /	Signature Date / /				
Date / /	Date / /				

Title

Sole Director

Other

Company Secretary Trustee

__ Attorney

Title

Sole Director

Other