



MAPLE-BROWN ABBOTT

INVESTMENT MANAGERS SINCE 1984

Account Amendment

This form applies to the following products:

- | | |
|---|--------------------------------------|
| ➤ Maple-Brown Abbott Australian Share Fund | ➤ PDS issued 01 February 2017 |
| ➤ Maple-Brown Abbott Australian Geared Equity Fund | ➤ PDS issued 01 February 2017 |
| ➤ Maple-Brown Abbott Sharemarket Fund | ➤ Closed to new investors |

Questions? Please phone Ironbark Client Services on 1800 034 402, Mon-Fri 9am to 5.30pm (Sydney time).

COMPLETE THIS FORM IN CLEAR CAPITAL LETTERS

SUBMIT YOUR REQUEST BY:

- ✉ **Mail**
Registry Services – MBA
GPO Box 1406
Melbourne VIC 3001
- ☎ **Fax**
1300 365 601
We can **only** accept this form by fax if:
 - you have elected the fax instruction service so you can send instructions for your investment by fax; **or**
 - you are changing your contact details, residency status, distribution option or TFN/ABN.

FREQUENTLY ASKED QUESTIONS

- **Can I update my contact details online?**
Yes, if you have an MBA Online account.
- **Can I update my direct debit account details using this form?**
No, you must use the Regular Savings Plan Request.
- **Who is Ironbark Asset Management?**
We have appointed Ironbark Asset Management Pty Ltd ABN 53 136 679 420 AFSL 341020 (Ironbark) to provide client and adviser services in relation to the Funds.
The references to Ironbark throughout this form relate to its role as call centre service provider.

OUR CONTACT DETAILS

Ironbark Client Services
1800 034 402

Mail
Registry Services – MBA
GPO Box 1406
Melbourne VIC 3001

Website
maple-brownabbott.com.au

❗ DO NOT USE THIS FORM TO CHANGE YOUR DIRECT DEBIT ACCOUNT DETAILS FOR THE REGULAR SAVINGS PLAN. PLEASE USE THE REGULAR SAVINGS PLAN REQUEST.

REASON FOR COMPLETING THIS FORM

- | | |
|---|---|
| <input type="checkbox"/> Update account details (address, email or phone number(s)) | ➤ Complete section 1, section 2 & section 10 |
| <input type="checkbox"/> Update residency status (Australian resident or otherwise) | ➤ Complete section 1, section 3 & section 10 |
| <input type="checkbox"/> Change of name (individuals, company, trust or other) | ➤ Complete section 1, section 4 & section 10 |
| <input type="checkbox"/> Update signing authority (joint account) | ➤ Complete section 1, section 5 & section 10 |
| <input type="checkbox"/> Update distribution payment option | ➤ Complete section 1, section 6 & section 10 |
| <input type="checkbox"/> Update financial institution account details (for distributions and withdrawal payments) | ➤ Complete section 1, section 7 & section 10 |
| <input type="checkbox"/> Update Tax File Number (TFN) or Australian Business Number (ABN) | ➤ Complete section 1, section 8 & section 10 |
| <input type="checkbox"/> Update monthly adviser service fee and ongoing service fee | ➤ Complete section 1, section 9 & section 10 |

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CONTACT DETAILS

! IF WE NEED TO ASK A QUESTION REGARDING THIS FORM WE WILL CONTACT THE PERSON BELOW.

Please cross the relevant box.

Account holder Financial adviser

Title

Mr Mrs Miss Ms Other

Name

Phone number (during business hours)

()

Email address

SECTION 1: INVESTOR DETAILS

Investor Number (as displayed on your investor statement).

Account name (individual, joint investors, company, trust, association or other).

SECTION 2: ACCOUNT DETAILS

Residential address or Principal Place of Business.

State Postcode

Country

Postal address (if different from above)

State Postcode

Country

SECTION 2A: INDIVIDUAL 1 CONTACT DETAILS

Home phone

()

Mobile

Work phone

()

Fax number

()

Email address

SECTION 2B: INDIVIDUAL 2 CONTACT DETAILS

Home phone

()

Mobile

Work phone

()

Fax number

()

Email address

SECTION 2C: PREFERRED CONTACT DETAILS

Home phone

()

Mobile

Work phone

()

Fax number

()

Email address

SECTION 3: RESIDENCY STATUS

SECTION 3A: INDIVIDUAL 1 RESIDENCY

I'm an Australian resident for tax purposes.

➤ Please also provide your Tax File Number in **section 8**

OR

I'm a resident of (Country) for tax purposes

If the investor is a US resident, citizen, or other US tax paying entity, please provide the individual's US Taxpayer Identification Number (TIN):

SECTION 3B: INDIVIDUAL 2 RESIDENCY

I'm an Australian resident for tax purposes.

➤ Please also provide your Tax File Number in **section 8**

OR

I'm a resident of (Country) for tax purposes

If the investor is a US resident, citizen, or other US tax paying entity, please provide the individual's US Taxpayer Identification Number (TIN):

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SECTION 4: CHANGE OF NAME

SECTION 4A: MARRIAGE/DIVORCE/DEED POLL

! ATTACH AN ORIGINAL CERTIFIED COPY OF YOUR MARRIAGE CERTIFICATE, DECREE NISI OR DEED POLL.

Previous Title

Mr Mrs Miss Ms Other

Previous given name(s)

Previous surname

Previous signature

New Title

Mr Mrs Miss Ms Other

New given name(s)

New surname

New signature

Date (dd/mm/yyyy)

/ /

SECTION 4B: COMPANY, TRUST, PARTNERSHIP, ASSOCIATION OR OTHER

Previous name of Company, Trust, Partnership, Association or Other

New name of Company, Trust, Partnership, Association or Other

! ATTACH AN ORIGINAL CERTIFIED COPY OF:

- **Company** – the change of Name Certificate;
- **Trust** – the Trust Deed indicating the change of name;
- **Partnership** – an extract of the partnership agreement or minutes of a partnership agreement indicating the name change; or
- **Association** – the Constitution or Rules of the Association.

! IF THE CHANGE RESULTS IN A CHANGE OF BENEFICIAL OWNERSHIP OR LEGAL OWNERSHIP OF THE INVESTMENT, WE REQUIRE THE FOLLOWING:

- Completed Standard Transfer Form; and
- Completed new Initial Application Form and customer identification.

SECTION 5: SIGNING AUTHORITY

! JOINT (NON CORPORATE) INVESTORS ONLY – COMPLETE THIS SECTION TO CHANGE THE SIGNING AUTHORITY FOR FUTURE TRANSACTIONS AND CHEQUES.

Please indicate the account signing authority for future transactions.

- Any one individual All individuals

SECTION 6: DISTRIBUTION PAYMENT OPTION

This will apply to **all** investments held under the specified account unless special instructions are supplied in an attached signed letter.

Please indicate the distribution option to apply to the account.

- Reinvest
- Pay to bank (you must complete **section 7**)

SECTION 7: FINANCIAL INSTITUTION ACCOUNT DETAILS

Which payments do you wish to change the financial institution account for?

- Distributions and/or Regular Withdrawal Plan payments
- Withdrawals

! DO NOT USE THIS FORM TO CHANGE YOUR DIRECT DEBIT FINANCIAL INSTITUTION ACCOUNT DETAILS FOR THE REGULAR SAVINGS PLAN. PLEASE USE THE REGULAR SAVINGS PLAN REQUEST.

! FINANCIAL INSTITUTION ACCOUNT MUST BE IN THE NAME(S) OF THE INVESTOR(S) AND NOT A THIRD PARTY.

Name of Australian financial institution

Branch name

BSB number

Account number

Account name

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SECTION 8: TAX FILE NUMBER (TFN), AUSTRALIAN BUSINESS NUMBER (ABN)

TFN (Individual 1, Company, Business or Trust)

TFN (Individual 2)

ABN

OR

Reason for exemption

Non-resident – country

Registered Charity

Other – please specify

COLLECTION OF TAX FILE NUMBER (TFN) INFORMATION IS AUTHORISED AND ITS USE AND DISCLOSURE ARE STRICTLY REGULATED BY TAX LAWS AND THE PRIVACY ACT.

INVESTORS MUST ONLY PROVIDE AN AUSTRALIAN BUSINESS NUMBER (ABN) INSTEAD OF A TFN WHEN THE INVESTMENT IS MADE IN THE FURTHERANCE OF AN ENTERPRISE (E.G. BUSINESS OR TRADE).

YOU'RE NOT OBLIGED TO PROVIDE EITHER YOUR TFN OR ABN, BUT IF YOU DON'T PROVIDE EITHER, OR CLAIM AN EXEMPTION, WE'RE REQUIRED TO DEDUCT TAX FROM YOUR DISTRIBUTION AT THE HIGHEST MARGINAL RATE (PLUS MEDICARE LEVY) TO MEET AUSTRALIAN TAXATION OFFICE REQUIREMENTS.

SECTION 9: MONTHLY ADVISER SERVICE FEE AND ONGOING SERVICE FEE

You and your financial adviser may agree to rebate to you all or part of the upfront commission. Any rebate will be credited to your nominated bank account or reinvested into your account as additional units and constitutes taxable income.

Please indicate whichever is applicable.

No monthly adviser service fee to apply.

Flat percentage per annum of your total investment* %

OR

Flat dollar service fee of per month* \$

*excluding GST

Rebate of:

Nominated contribution (or entry) fee (if applicable) %

Nominated ongoing commission %

ADVISER USE ONLY

Adviser Number

Work phone number

Mobile

Title

Full given name(s)

Surname

Signature of adviser

Date (dd/mm/yyyy)

SECTION 10: INVESTOR'S DECLARATION AND SIGNATURE

By signing:

> I/we acknowledge that I/we have read in full the Product Disclosure Statement (PDS) including the Additional Information Booklet for the Fund(s) I/we have selected and agree to be bound by the terms of the PDS and the terms of the relevant Constitution(s), each as amended from time to time.

> I/we declare that all the details given are true and correct.

ALL INVESTORS MUST SIGN AND DATE

INDIVIDUAL 1, DIRECTOR OR SOLE TRADER

Date (dd/mm/yyyy)

Signatory's full name (please print)

Company signatories must indicate their company title

Director Sole Director/Sole Secretary/Sole Trader

Clubs/associations/unincorporated bodies:
please indicate office title

**SECTION 10: INVESTOR'S DECLARATION AND SIGNATURE
(CONTIUED)**

INDIVIDUAL 2 OR DIRECTOR/COMPANY SECRETARY

Date (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signatory's full name (please print)

Company signatories must indicate their company title

<input type="checkbox"/> Director	<input type="checkbox"/> Company Secretary
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Clubs/associations/unincorporated bodies:
please indicate office title

WHO SHOULD SIGN THIS FORM?

Individual

Individual 1 must sign.

If signing under a Power of Attorney (POA), you verify that at the time of signing, you have not received notice of revocation of that power.

Please provide a certified copy of the original POA including the appointed POA's signature, if not already provided to us.

Joint investors

Individuals must sign per the account signing authority.

Trust or Superannuation Fund

- > Individual trustee(s) – each individual must sign
- > Corporate trustee – see company requirements

Company

Acceptable company signatories are:

- > Two directors
- > A director and a company secretary
- > A sole director or sole secretary/sole trader.

Adult(s) investing on behalf of a child

Each individual investing on behalf must sign.

Club, association or other

Office bearer(s) must sign and state their appropriate office title (e.g. president, secretary).