



# MAPLE-BROWN ABBOTT

INVESTMENT MANAGERS SINCE 1984

## Account Amendment

This form applies to the following products:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Maple-Brown Abbott Global Listed Infrastructure Fund          | <input checked="" type="checkbox"/> PDS issued at 1 February 2017                    |
| <input checked="" type="checkbox"/> Maple-Brown Abbott Global Listed Infrastructure Fund – Hedged | <input checked="" type="checkbox"/> PDS issued at 1 February 2017                    |
| <input checked="" type="checkbox"/> Maple-Brown Abbott Australian Equity Trust                    | <input checked="" type="checkbox"/> PDS issued at 1 February 2017                    |
| <input checked="" type="checkbox"/> Maple-Brown Abbott Small Companies Value Fund                 | <input checked="" type="checkbox"/> PDS issued at 1 February 2017                    |
| <input checked="" type="checkbox"/> Maple-Brown Abbott Responsible Investment Fund                | <input checked="" type="checkbox"/> PDS issued at 1 February 2017                    |
| <input checked="" type="checkbox"/> Maple-Brown Abbott Asian Investment Trust                     | <input checked="" type="checkbox"/> PDS issued at 1 February 2017                    |
| <input checked="" type="checkbox"/> Maple-Brown Abbott Asia Pacific Trust                         | <input checked="" type="checkbox"/> PDS issued at 1 February 2017                    |
| <input checked="" type="checkbox"/> Maple-Brown Abbott Australia Plus Asia Trust                  | <input checked="" type="checkbox"/> Information Memorandum issued at 1 February 2017 |
| <input checked="" type="checkbox"/> Maple-Brown Abbott Diversified Investment Trust               | <input checked="" type="checkbox"/> PDS issued at 1 February 2017                    |
| <input checked="" type="checkbox"/> Maple-Brown Abbott Pooled Superannuation Trust                | <input checked="" type="checkbox"/> PDS issued at 1 February 2017                    |

**Questions?** Please phone us on (02) 8226 6200 or toll free 1800 885 175, Mon-Fri 8:30am to 5:30pm (Sydney time).

**COMPLETE THIS FORM IN CLEAR CAPITAL LETTERS.**

### SUBMIT YOUR REQUEST BY:

- Mail**  
Maple-Brown Abbott  
Reply Paid 88047  
Sydney NSW 2001
  - In person**  
Maple-Brown Abbott  
Level 31, 259 George St  
Sydney NSW 2000
  - Fax**  
(02) 8226 6201
  - Email**  
admin@maple-brownabbott.com.au
- We can **only** accept this form by fax or email if:
- you have already elected the fax and email instruction service; **or**
  - you are only making changes to contact details, residency status, distribution payment option or TFN/ABN.

### CONTACT DETAILS

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

Title

Mr  Mrs  Miss  Ms  Other

Name

Phone number (during business hours)

( )

Mobile

Email address

### REASON FOR COMPLETING THIS FORM

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

# Account Amendment

## SECTION 1: INVESTOR DETAILS

Client code

Account name (individual, joint investor, 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

Email address

## SECTION 2B: INDIVIDUAL 2 CONTACT DETAILS

Home phone

Mobile

Work phone

Fax

Email address

## SECTION 2C: PREFERRED CONTACT DETAILS

Home phone

Mobile

Work phone

Fax

Email address

## SECTION 3: CHANGE OF 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):

## 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)

# Account Amendment

## SECTION 4: CHANGE OF NAME (CONTINUED)

### 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 including 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

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

**WE ONLY ACCEPT AUSTRALIAN FINANCIAL INSTITUTION ACCOUNT DETAILS.**

Name of Australian financial institution

Branch name

BSB number

Account number

Account name

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

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: 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 (AIB) or Information Memorandum (IM) for the Fund(s) I/we have selected and I/we agree to be bound by the terms of the PDS or IM and the terms of the relevant Constitution/Deed, 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

Signature

Date (dd/mm/yyyy)

		/			/				
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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

### INDIVIDUAL 2 OR DIRECTOR/COMPANY SECRETARY

Signature

Date (dd/mm/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

Signatory's full name (please print)

Company signatories must indicate their company title

- Director     
  Company Secretary

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).