

Change of Details Form

DNR Capital Australian Equities High Conviction Fund

ARSN 604 465 849

Please use this form to notify us of any change of details relating to your investment.

If you have any questions relating to the completion of this form, please contact the unit registry on 1300 133 451.

1. Investment details

Client/portfolio name:

Client/portfolio number:

Daytime contact number:

2. Details to be changed

I wish to change the following:

- | | |
|---|--|
| <input type="checkbox"/> Contact details | <input type="checkbox"/> TFN and/or ABN |
| <input type="checkbox"/> Bank account details | <input type="checkbox"/> Distribution method |
| <input type="checkbox"/> Financial adviser | |

3. New contact details

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Postal only | <input type="checkbox"/> Residential only | <input type="checkbox"/> Postal and residential |
|--------------------------------------|---|---|

Address

Suburb

State

Postcode

Country

Phone number (mobile)

Phone number (other)

Email address

4. New bank account details

I wish to nominate the following account to be used for all future payments made for:

- Distributions only
 Withdrawals only
 Distributions and withdrawals

Please provide bank account details into which distribution and withdrawal payments can be made. The account must be held in the same name as the investment. The bank account must be domiciled in Australian and denominated in Australian dollars.

Australian bank / Institution

Branch

Account name

BSB

Account number

Note: Please attach a copy of bank statement verifying the details provided above.

5. New financial adviser details

Please change my record to show that my financial adviser is as follows:

Given names

Surname

Address of adviser

Phone number of adviser

Email of adviser

Dealer group

6. New TFN / ABN details

Investor 1

Full name

I wish to advise the following:

Tax File Number or Exemption Code (Australian residents)

Australian Business Number (if registered in Australia)

Investor 2

Full name

I wish to advise the following:

Tax File Number or Exemption Code (Australian residents)

Australian Business Number (if registered in Australia)

7. New distribution preference details

- Reinvest in additional units in the DNR Capital Australian Equities High Conviction Fund
 Paid to my/our bank account

8. Declaration and signature

Please sign this form below. This form must be signed as per the current signing instructions that we have on record.

If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please mail a certified copy, if it has not been previously provided, to FundBPO Pty Ltd.

I/We declare and agree each of the following:

- I/We declare that I/we have read, understood and agreed to be bound by the terms and conditions contained within the Product Disclosure Statement and the provisions of the Constitution of the Fund as amended from time to time and any related incorporated material to which this form applies.
- I/We declare all the details given in this form are correct and true.
- I/We have legal power to invest.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- If investing as trustee on behalf of a super fund or trust I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- I/We acknowledge that none of The Trust Company (RE Services) Limited or any of their related entities, officers or employees or any related company or any of the appointed service providers including the investment manager and custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund.
- I/We agree to the anti-money laundering and counter-terrorism financing statements contained in the Reference Guide. I/We agree to provide further information or personal details to The Trust Company (RE Services) Limited and the Administrator, or consent to The Trust Company (RE Services) Limited or the Administrator to provide such information to the Manager, if required to meet their obligations under any anti-money laundering and counter-terrorism law and regulations or to enable them to fulfil their role in the operation of the Fund, and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the business day on which all required information has been received and verified.
- I/We have read and understood the privacy disclosure as detailed in the Reference Guide. I/We consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure.
- If I/we have appointed an authorised representative, I/we release, discharge and indemnify The Trust Company (RE Services) Limited from any loss, expense, action or other liability which may be suffered by, brought against you The Trust Company (RE Services) Limited for any action or omissions by the authorised representative whether authorised by me/us or not.
- The Trust Company (RE Services) Limited may be required to pass on my/our personal information or information about my/our investment to the relevant regulatory authorities, including for compliance with the Anti-Money Laundering and Counter-Terrorism Act 2006 or associated regulation and any tax-related requirements for tax residents of other countries.

Signature 1

Full name

Date

Tick capacity (mandatory for companies):

- Sole Director / Company Secretary
 Director Secretary

Signature 2

Full name

Date

Tick capacity (mandatory for companies):

- Director Secretary

If required, a certified copy of the Power of Attorney is being mailed to FundBPO Pty Ltd to accompany this form: Yes
 No

Please send by mail or fax this form to:

FundBPO Pty Ltd – Unit Registry

GPO BOX 4968

SYDNEY NSW 2001

Facsimile: +612 9251 3525