

Change of Details Form

DNR Capital Funds

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

Please accept this Change of Details request with respect to my/our investment in the Fund/s

DNR Capital Australian Equities High Conviction Fund
DNR Capital Australian Emerging Companies Fund
DNR Capital Australian Equities Income Fund

Account/investor name

Account/investor number

2 Details to be changed

I wish to change the following

Contact details
Bank account details
Financial adviser
TFN and/or ABN
Distribution method
Other, please specify _____

3 New contact details

I wish to change the following

Postal only
Residential only
Postal and residential

Street address 1

Street address 2

Suburb

State

Postcode

Country

Phone number (business hours)

Mobile number

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.

Bank
BSB
Account number
Account name

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.

5 New financial adviser details

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

Adviser name (full name)

Name of Advisory Firm

Name of Dealer Group

AFSL / AFSL Representative number

Address

Street address 1

Street address 2

Suburb

State

Postcode

Country

Phone number (business hours)

Mobile number

Fax number

Email

If you have elected your financial adviser to receive all investor correspondence, please confirm the financial adviser's preferred contact method

I consent to receive all investor correspondence from you by email to the email address provided above.

I wish to receive all investor correspondence by post to the address provided above.

6 New TFN/ABN details

Applicant 1

Applicant 2 (if applicable)

Given name

Surname

Tax File Number or Exemption Code

Australian Business Number

7 New distribution preference details

Distribution payment instructions (choose one payment instruction)

Please reinvest my distributions into the Fund.

Please pay my distributions directly to my/our nominated bank account

8 Declaration

I/we declare and agree each of the following:

- I/we have read the current PDS and acknowledge this additional application request is subject to the terms and conditions set out in the current PDS.
- My/our application is true and correct.
- I am/we are bound by any terms and conditions contained in the current PDS and the provisions of the constitution of the Fund as amended from time to time.
- I/we have legal power to invest.
- I/we acknowledge The Trust Company (RE Services) Limited is not bound to accept my/our application.
- 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 relevant 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 ABN 45 003 278 831 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 have read and understood the privacy disclosure as detailed in the current PDS. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/we consent to The Trust Company (RE Services) Limited disclosing this information to my/our financial adviser (named in this form) for units in the Fund. Where the financial adviser no longer acts on my/our behalf, I/we will notify The Trust Company (RE Services) Limited of the change.
- 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 me/us or 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 anti-money laundering and counter-terrorism law and regulations as well as any tax-related requirements for tax residents of other countries.

9 Signatures

| Investor type | Who should sign |
|--|---|
| Individual | where the investment is in one name, the investor must sign |
| Joint investors | where the investment is in more than one name, all investors must sign |
| Company | two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary |
| Trust/Superannuation fund | each trustee must sign or, if a corporate trustee, then as for a company |
| Partnership | each partner |
| Association or Registered co-operative | each office bearer |
| Government body | relevant principal officer/authorised signatory |
| Power of Attorney | if signed by the investor's attorney, the power of attorney must have previously been provided. If not, a certified copy of the Power of Attorney's driver's license, passport or other photo identification which confirms the name, address and contains their signature must be attached to this form. |

Signature 1

Full name

Date

Tick capacity (mandatory for companies):

- Sole Director / Company Secretary
- Director
- Secretary
- Non-corporate trustee
- Partner
- Power of Attorney

Signature 2

Full name

Date

Tick capacity (mandatory for companies):

- Sole Director / Company Secretary
- Director
- Secretary
- Non-corporate trustee
- Partner
- Power of Attorney

Please send this form to:

By post

Apex Fund Services Pty Ltd – Unit Registry
 GPO BOX 4968
 SYDNEY NSW 2001

By email

registry@apexgroup.com

Facsimile

+612 9251 3525