

Change of Details form All investors are to complete the following sections

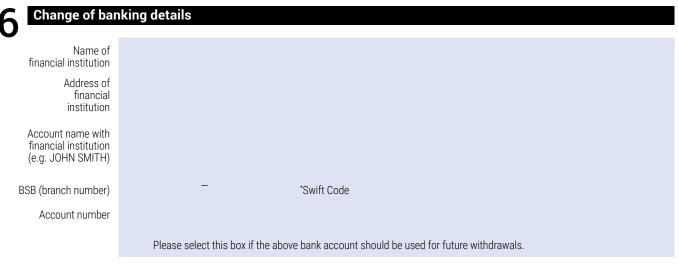
Investor detai	ls					
Client/ Account number						
Contact name						
Mailing address						
(cont.)		Stata	Dectoodo			
	State Postcode					
Email address						
Home phone	Mobile phone We may contact you to verify details before processing this request. Your instructions on this form will override any instructions previously given for your account.					
Have your det	ails changed?					
	Change of name (go to section 3)	Change of contact details (go to section 4)				
	Change of distribution options (go to sec	Change of banking details (go to section 6)				
Change of name	ne					
Title	First names					
Surname	Hames					
Current name						
	First					
Title Surname	names					
Sumame						
	Please attach a certified copy of appropriate documentation:Marriage certificate					
	Decree Nisi (divorce)					
	Deed Poll (change of name) Previous	Signature*				
	* Current signature must be provided in section 7					
Change of cor						
Current contact de						
Registered or Residential address						
(cont.)						
Country		State	Postcode			
Mailing address*						
(cont.)						
(cont.)		State	Postcode			
Contact name						
Home phone		Mo	bbile phone			
Email address						

* If different to above address.

Change of distribution options

Please select **one** of the following options (if you do not select an option, distributions will be reinvested).

- (a) Reinvest income in additional Units in the applicable Fund⁺
- (b) Pay income directly into an Australian Financial Institutional account below: or
- (c) For New Zealand Investor only: Pay income directly into a New Zealand Financial Institutional account below[‡] (Must provide Swift Code*)
- † Only available for funds which are open for investment.
- ‡ All payments will be made in AUD but will be received in your bank account in NZD (net of any fees charged by our/your financial institution). Please note, the applicable foreign exchange rate will be applied.



Please note: payments to third parties are not permitted.

Investors signature(s) - ALL INVESTORS MUST COMPLETE THIS SECTION

Note: all joint unitholders must sign unless sole signatory authority has been involved. Two directors or director and secretary must sign company requests. If sole director and secretary of a company, please indicate in the box provided.

1st individual/joint account holder or director

Capacity	Director	Power of Attorney ⁺	Sole director and sole secretary	Trustee/Secretary	Individual				
Signature Full name		Date signed							
2nd individual/joint account holder or director									
Capacity	Director	Power of Attorney ⁺	Trustee/Secretary	Individual					
Signature		Date signed							

⁺ If you are signing under a Power of Attorney, please supply a certified copy of the Power of Attorney with specimen signature.

Please return your completed form to: Investor Services team

GPO Box 764 Melbourne VIC 3001

Full name

If you have any enquiries regarding administration of your investment, please contact our **Investor Services team** on **1800 034 494** (Australia only) or **+61 3 9002 1980** or email your enquiry to **ist@yarracm.com**.

Important notice about privacy

By completing this form, you agree to Yarra Funds Management Limited and its related bodies corporate (Yarra Capital Management Group) collecting information about you and any third party individuals whose details you have provided on this form.

The relevant member(s) of the Yarra Capital Management Group to whom you have applied for a product or service collects, stores and uses your personal information in connection with the products and services requested by you in this form. In addition, your personal information may be used for any of the purposes described in our Privacy Policy, including for direct marketing. Your personal information is handled in accordance with the Yarra Capital Management Group's Privacy Policy which can be found at www.yarracm.com/privacy.

The Privacy Policy also contains information about how you may access the personal information we hold about you, how you may correct that information, and how you might make a complaint about a breach of the Privacy Act 1988 (Cth). By providing us with the information contained in this form, you consent to our collection, storage and use of your information and acknowledge that you have read and understood our Privacy Policy.

You acknowledge that the Yarra Capital Management Group may contact you to offer other services or products which may be of interest to you unless you request in writing that the Yarra Capital Management Group does not do so.

You also understand that:

- failure to provide information required in this application may affect the success of this application or any further application you may make to the Yarra Capital Management Group
- you can access, amend, or make a complaint about the personal information that the Yarra Capital Management Group holds about you or find out what
 information the Yarra Capital Management Group holds about you, by contacting the Privacy Officer, Yarra Capital Management, Level 19, 101 Collins Street
 Melbourne VIC 3000, at any time in writing or via email at privacy@yarracm.com and
- while the Yarra Capital Management Group will take all reasonable steps to protect information that you provide, the Group cannot guarantee the security of certain types of information provided by you (for example over the internet or by email).

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