

Change of Personal Details Form

Bennelong Kardinia Absolute Return Fund

Bennelong Long Short Equity Fund

Bennelong Market Neutral Fund

This is an e-form. You can type directly onto the form if filling out using your PC or Tablet.

If you have any questions, please contact Bennelong Funds Management **Client Experience** on **1800 895 388 (Australia)** or **0800 442 304 (New Zealand)** or email (client.experience@bennelongfunds.com).

Client number

Current investor name

Your client number can be found on your periodic statement or tax statement.

I am changing my:

- | | | |
|-------------------------------|--------------------------|--------|
| Name | <input type="checkbox"/> | page 2 |
| Communication Preference | <input type="checkbox"/> | page 3 |
| Contact Details/Address | <input type="checkbox"/> | page 3 |
| Bank Account Details | <input type="checkbox"/> | page 4 |
| Distribution Payment Election | <input type="checkbox"/> | page 4 |
| ABN/TFN | <input type="checkbox"/> | page 4 |
| Adviser Details | <input type="checkbox"/> | page 5 |

Once complete, please send or fax this form to Bennelong Funds Management Ltd care of our Administrator:

Fax: Apex Fund Services (Sydney) Pty Limited
+61 2 9475 1417

Post: Apex Fund Services (Sydney) Pty Limited
Attention: Unit Registry
PO Box A517, Sydney South NSW 1235

Alternatively, you can scan and email this form directly to Bennelong Funds Management Ltd:

Email: client.experience@bennelongfunds.com

If you are updating your bank details, TFN or name, you must sign this form in **wet ink** (i.e. with an original signature and not scanned or photocopied) and send it back to us via post, along with any required supporting documentation.

Responsible Entity: Bennelong Funds Management Ltd (ABN 39 111 214 085) (AFSL 296806)

Effective date: 1 July 2020

Change of Name (if applicable)

Previous name details

Title	Given name(s)
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>

New name details

Title	Given name(s)
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>

Supporting documentation

I have enclosed one of the following proof of change of name documents (please tick appropriate box(es)):

- A **certified copy** of my marriage certificate
- A **certified copy** of my change of name certificate
- A **certified copy** of my marriage certificate and Decree Nisi (Divorce Papers)

AND one of the following primary identification documents issued in my new name:

- A **certified copy** of my driver's licence issued under State or Territory law
- A **certified copy** of my passport

Please note for name changes, an original certified copy of the original documents will need to be provided by post. A person* who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (e.g. Justice of the Peace, Police Officer, etc.) and date.

Obtaining a certified copy of an original document

Certified copy means a document that has been certified as a true copy of an original document.

Certified extract means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described in the sub-paragraphs below.

*People who can certify documents or extracts are:

- a **lawyer** – a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
- a **judge** of a court;
- a **magistrate**;
- a **chief executive officer** of a Commonwealth court;
- a **registrar** or **deputy registrar** of a court;
- a **Justice of the Peace**;
- a **notary public** (for the purposes of the Statutory Declaration Regulations 1993);
- a **police officer**;
- a **postal agent** – an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- the **post office** – a **permanent employee** of The Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- an **Australian consular officer** or an **Australian diplomatic officer** (within the meaning of the Consular Fees Act 1955);
- an **officer** with 2 or more continuous years of service with one or more **financial institutions** (for the purposes of the Statutory Declaration Regulations 1993);
- a **finance company officer** with 2 or more continuous years of service with one or more **financial companies** (for the purposes of the Statutory Declaration Regulations 1993);
- an **officer** with, or **authorised representative** of, a **holder of an Australian financial services licence**, having 2 or more continuous years of service with one or more licensees; and
- an **accountant** – a member of the institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

Change of Communication Election (if applicable)

We are required by law to send transaction statements, holding summaries and continuous disclosure statements directly to the Investor. Please indicate how you wish to receive this information from us.

- Post (please provide new details below if required)
- Email (please provide new details below if required)

Change of Contact Details/Address (if applicable)

New contact details (Adviser details are not accepted)

Address

Suburb

State

Postcode

Country

New residential/registered street address/principal place of business address (PO Boxes and Adviser details are not accepted)

Address

Suburb

State

Postcode

Country

New phone number(s)

Work

Mobile

Home

New email address(es)

- Please add this/these email address(es) to the email address(es) currently on file for my account
- Please remove all email address(es) currently associated with my account, and replace with the one(s) above

In receiving or remaining silent in confirming receipt, you are not bound or consenting to any further materials or obligations and may unsubscribe to such further materials at any time.

Change of Bank Account Details (if applicable)

Please provide your new bank account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to a bank account held in the name of the investor(s). Payments will not be made into third party bank accounts. The bank account must be domiciled in Australia and denominated in Australian dollars.

If you are changing your bank account details (including for payment of distributions) you must post this original signed form to us. You cannot fax or email or send a copy to us.

Bank name

Branch name

BSB number

Account number

Bank account name

Change to Distribution Payments (if applicable)

Please reinvest my distributions

Please pay my distributions into the bank account held on file, or the new bank account I have provided in the section below

Bank name

Branch name

BSB number

Account number

Bank account name

Update Tax File Number/ABN (if applicable)

You can provide a Tax File Number/Australian Business Number to record against your investment.

If you are changing your Tax File Number you must post this original signed form to us. You cannot fax or email or send a copy to us.

Entity name

Entity name

Tax File Number/Australian Business Number

Tax File Number/Australian Business Number

If joint holding, both individuals need to provide a valid Tax File Number to avoid withholding tax.

Change of Adviser Details (if applicable)

Previous adviser's details

Adviser name

Adviser number (if known)

Business name

Address

Suburb

State

Postcode

Country

Phone

Fax

Email

Current adviser's details

Adviser name

Adviser number (if known)

Business name

Address

Suburb

State

Postcode

Country

Phone

Fax

Email

Signatories

This form must be signed by all authorised signatories.

I/We declare that I/we have read, understood and agree to the terms and conditions contained within the relevant Bennelong Funds Management Product Disclosure Statement (PDS) and any related Incorporated Material to which this form applies.

Name of Investor 1

Signature

Date

Name of Investor 2 (if applicable)

Signature

Date

Please tick to indicate your **Investor Type**:

Individual/Joint Investor/Sole Trader

Trust/Superannuation Fund with Corporate Trustee

Company

Partnership

Trust/Superannuation Fund with Individual Trustee

Agent of Customers

Company seal (if applicable)

Note: All information provided is in accordance with the Privacy Act 1988 and its amendments. Bennelong Funds Management's Privacy Policy is available on our website (bennelongfunds.com) or by contacting Client Experience.

If you are changing your TFN or bank details, you must sign this form in **wet ink** and post it back to us, along with any required supporting documentation.