

Client Services contact details

Phone

Within Australia: 1300 997 774 International: +(61) 3 9616 8687 Send your form by email:

australianunitywealth_transactions@unitregistry.com.au

Email enquiries:

australianunitywealth@unitregistry.com.au

Change of details

Issued by Australian Ethical Investment Ltd as responsible entity (ABN 47 003 188 930, AFSL 229949) of the Fund ('AEI', 'we', 'us'). AEI and Australian Unity Group Services Pty Ltd (ABN 29 006 803 069) have entered into a transitional services agreement under which AU provides registry, custody, administration, and other services to AEI.

This is general information only and does not take account of your individual investment objectives, financial situation or needs. Before acting on it, consider its appropriateness to your circumstances and read the Product Disclosure Statement (PDS) available on our website for information on the benefits and risks of the Fund(s). You should consider seeking advice from an authorised financial adviser before making an investment decision.

Use this form if you are an existing investor and wish to change your contact details, distribution preference, bank account details or annual report option.

To help assist you with filling out this form, please ensure you read and understand your fund Disclosure Documents which can be accessed via our website on www.altiusam.com.

Complete the sections in BLOCK capitals and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

Your personal information will be collected, used and disclosed by us in accordance with our Privacy Policy and in accordance with the law. You can obtain a copy of our Privacy Policy via our website www.australianethical.com.au/privacy-policy or by telephone 1300 997 774 or +61 3 9616 8687.

1. Please ensure you have completed the following:

- fill in your Account number, Securityholder Reference Number (SRN) or Holder Identification Number (HIN) and account name as it appears on your latest statement in section 1
- if you are changing your contact details complete section 2
- if you are changing your tax status complete section 3
- if you are changing your distribution preference complete section 4
- if you are changing your bank account details complete section 5
- if you are changing your annual report option complete section 6
- sign the form as per the 'Signing instructions' in section 7.

Send your documents to us.

You can return your form by post or email according to the details below:

Send by post: Australian Unity

GPO Box 804 Melbourne VIC 3001

Scan and email to: australianunitywealth_transactions@unitregistry.com.au

Please include your account number in the subject line of your email

1 Investor details		
Account number, Securityholder Reference Number (SRN) or Holder Identification Number (HIN) Account	namo	
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The SRN/HIN can be found on the most recent holding statement.	It's 11 characters long and usually starts with an "X" or "I".	
2 New contact details		
New residential address or registered office address. A PO Box/RMB/Locked Bag is not acceptable.	Street name (or PO Box or other mail details if applicable)	
Property/Building name (if applicable)	Suburb State	
Unit/Level Street number	Postcode Country	
Street name	New contact details	
Suburb State	Home number (include country and area code)	
	Business number (include country and area code)	
Postcode Country		
	Mobile number (include country code)	
New postal address (if different to residential address) A PO Box/RMB/Locked Bag is acceptable.	New email address (please use block letters)	
Property/Building name (if applicable)		
Unit/Level Street number	This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).	
3 Tax status		
1. Individuals and Sole Traders	2. Companies	
Please complete if your tax status has changed Australian resident	Please provide your company registration number (for example Australian Business Number [ABN])	
Non-resident (Please specify country of residence)	3. Trusts or Superannuation Funds	
	Please provide information below which is applicable to you.	
If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.	ABN (applicable if you are a trust or a self managed superannuation fund registered with the Australian Taxation Office)	
TFN	TFN	
Reason for exemption	Australian Registered Scheme Number (applicable if your trust is registered with ASIC)	
If you have changed your status for US tax purposes, please		

contact us for a Tax Information form.

4 Change of distribution preference

Please indicate your choice below. If you do not make a choice below, we will reinvest your distribution into the fund. Please refer to the relevant PDS or IM regarding distribution payment methods.

The latest PDS or IMs are available from the internet at www.altiusam.com.

FUND NAME	Distribution preference (indicate preference with an X)	
	Reinvest	Pay to my Australian bank account
Altius Sustainable Short Term Income Fund – Ordinary		
Altius Sustainable Short Term Income Fund – Retail		
Wholesale Cash Fund		

Australian bank account details Please provide the financial institution account details in order to Regular savings plan - change of bank account receive your distribution payments and/or future redemption Tick here if this account is also to be used for your regular payments. Payments will only be made to a financial institution savings plan. If this box is not ticked, we assume you do not account held in the name of the investor/s. Payments will not be have a regular savings plan or that you wish for your existing made into third party financial institution accounts. regular savings plan back account details to remain Financial institution name unchanged. If you wish to set up a new Regular Savings Plan or change the frequency or amount of your existing Regular Savings Branch name Plan, please call us. Note: BSB number Bank account number If you wish to have money paid into the account you are updating here, please wait for confirmation of the updated details to the register before submitting the redemption Account name

purposes.

Please provide a copy of a bank statement for verification

6 Annual reports option	
No annual reports	Annual reports by post
Annual reports by email*	* If you have elected to receive your annual reports by email, please provide your email address on section 2 of this form.
7 Signing instructions	
By completing and signing this form, you • authorise us to act according with the instructions on this form • acknowledge that the instructions on this form supersede all previous instructions received by us, and	Signature of investor 1, director or authorised signatory
 agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form. 	Please print full name Date (DD/MM/YYYY)
 I/We agree and acknowledge that: all details in this form are true and correct my/our personal information will be collected, used and disclosed by Australian Ethical in accordance with its Privacy Policy and in accordance with the law. 	Company officer (please indicate company capacity) Director Sole director and company secretary Authorised signatory
 entity Declaration (to be completed by an authorised representative of the entity, such as a Director or Trustee). Who needs to sign this form Individual – where the investment is in one name, the account 	Signature of investor 2, director/company secretary or authorised signatory
holder must sign. Joint Holding – where the investment is in more than one name, all of the account holders must sign.	Please print full name
Companies or corporate partnerships or corporate trustees – where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed. By signing as a single director investor confirms that the company is a single director company.	Date (DD/MM/YYYY) DD / MM / Company officer (please indicate company capacity) Director Company secretary Authorised signatory
Partnerships - if the account is held for a partnership THEN all partners or those authorised to sign on behalf of the partnership. Trust - the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the	
trust deed. Power of Attorney – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has	

not been rescinded or revoked and that the Donor is still living.