

Client Services contact details

Phone

+61 3 9046 4057

Email

atlas@unitregistry.com.au

Transactions email

atlas.transactions@unitregistry.com.au

Change of details form

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.

1. PLEASE 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.

Please complete the following:

- write your account number 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 distribution preference complete section 3
- if you are changing your bank account details complete section 4
- if you are updating financial adviser 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

2. SEND YOUR DOCUMENTS TO US.

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

Send by post: ATLAS Infrastructure
GPO Box 804
Melbourne VIC 3001

Scan and email to: atlas.transactions@unitregistry.com.au

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

1. INVESTOR DETAILS

Account number

Account name

2. NEW CONTACT DETAILS

New residential address or registered office address.

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit/Level

Street number

Street name

Suburb

State

Post code

Country

New postal address (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit/Level

Street number

Street name (or PO Box or other mail details if applicable)

Suburb

State

Post code

Country

3. 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.

FUND NAME	DISTRIBUTION PREFERENCE (indicate preference with an X)	
	Reinvest	Pay to my Australian financial institution account
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

New contact details

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

New email address (please use block letters)

This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

Tax status

Please complete if your tax status has changed

Australian resident

Non-resident (Please specify country of residence)

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.

TFN

Reason for exemption

If you have changed your status for US tax purposes, please contact us for a Tax Information form.

4. AUSTRALIAN FINANCIAL INSTITUTION ACCOUNT DETAILS

Australian financial institution account

Please provide the Australian financial institution account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to a financial institution account held in the name of the investor/s. Payments will not be made into third party financial institution accounts.

Australian financial institution name

Branch name

BSB number

Bank account number

Account name

5. FINANCIAL ADVISER DETAILS

Dealer group name

Adviser name

AFSL number

Authorised representative number (if any)

Address

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Postal address (if different to above)

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Contact details

Business number (include country and area code)

Mobile number (include country code)

Adviser signature

6. ANNUAL FINANCIAL STATEMENTS OPTIONS

- No annual financial statement
- Annual financial statements by email*
- Annual financial statements by post

* If you have elected to receive your annual financial statements 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
- 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.

Who needs to sign this form

Individual – where the investment is in one name, the account holder must sign.

Joint Holding – where the investment is in more than one name, all of the account holders must sign.

Companies – 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.

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.

Signature of investor 1, director or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory