

## CHANGE OF DETAILS FORM

JANA INVESTMENT TRUSTS

DATE: NOVEMBER 2021

**Please use this Form if you are an existing investor in the JANA Investment Trusts (Trusts) and wish to amend your details, contact details, communication/rebate/distribution preferences, bank account details for withdrawal payments, income distributions, change of name, interested parties or tax status. Please note where new information is not provided, existing information will prevail.**

Before completing this Change of Details Form (this Form) you should read the current Information Memorandum (IM) and any Supplementary IM and Constitution(s) for the appropriate Trust(s) or any website updates for which this Form relates. A copy of these documents are available free of charge from [jana.com.au/resources/jana-investment-trust-forms](http://jana.com.au/resources/jana-investment-trust-forms) or by contacting Client Services on +61 2 7209 8415. This Form should be completed in accordance with the instructions contained within this Form.

**This completed Form can be returned to us via email or post to the details below:**

<b>Client Services:</b>	Ground Floor 105–153 Miller Street North Sydney NSW 2060	<b>Tel:</b>	+61 2 7209 8415
		<b>Email:</b>	<a href="mailto:institutional.services@mlcam.com.au">institutional.services@mlcam.com.au</a>

If sending via email, please ensure you include your account number in the subject line of your email.

### Privacy notice

The Trustee collects the information in this Form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at [mlc.com.au/privacy](http://mlc.com.au/privacy) or by contacting Client Services on +61 2 7209 8415.

## 1. INVESTOR DETAILS

Mandatory (\*)

Account number\*

Account name\*

## 2. CHANGE IN PERSONNEL DETAILS

**Complete this section to add or remove any roles relating to your organisations account.**

Please advise which role is changing, cross (X) the box and complete their details below.

- Director(s)       Member(s)<sup>1</sup>       Senior managing officials(s)<sup>1</sup>       Corporate Trustee <sup>1</sup>  
 Beneficial owner(s)<sup>1</sup>       Individual Trustee<sup>1</sup>       Beneficiary(s)

Full name	Add	Remove
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide certified copies of verification documents to support your change request, such as:

1. Company: ASIC records reflecting the new director(s), beneficial owner(s);
2. Senior Managing Official: Updated minutes of meeting; or
3. Trust: Updated trust deed for any changes related to a Trust.

Certified copies of verification documents must be provided for all changes where new individuals are added.

## 3. CHANGE OF CONTACT DETAILS

**Complete this section to change your registered address and principal place of business.**

Telephone:

Email address

C/- (if applicable)

Unit/Level

Street number

Street name

Suburb/Town

<sup>1</sup> For changes to personnel (excluding director(s) or beneficiary(s)), please contact Client Services on **+61 2 7209 8415**.

## 4. CHANGE IN COMMUNICATION PREFERENCE

### 4A. Electronic communication

**Complete this section to change your communication details.**

By providing your email address(es) above, you agree that MLC may use this address to provide you with information about your investment (such as transaction confirmations, statements, reports and other material). From time to time MLC may still need to send you letters in the post.

Please cross (X) the box below as applicable.

I prefer to receive a paper copy of all communications.

### 4B. Annual report

Please cross (X) the relevant box below if you wish to change how you receive the annual report for the Trusts.

Email (the report will be sent to your previously nominated email address or the email address provided in Section 3)

Post

## 5. CHANGE OF PAYMENT DETAILS FOR WITHDRAWAL PROCEEDS

**Complete this section to change your bank account details for withdrawal proceeds.**

By providing your bank account details in this section, you authorise MLC Investments Limited (MLC) to use these details for **all** withdrawal requests that you nominate.

Pay via EFT into the following account: <sup>2</sup>

Name of Australian bank or financial institution

Branch

Account Name <sup>4</sup>

BSB Number

Account Number

## 6. CHANGE IN MANAGER FEE REBATE INSTRUCTION

**Complete this section to change how you would like your manager fee rebates to be paid <sup>3</sup>**

The selection below will apply to all units:

Reinvest in additional units (back into the relevant trust)

Pay to your previously nominated bank account.

Pay via EFT into the following account: <sup>2</sup>

Name of Australian bank or financial institution

Branch

Account name <sup>4</sup>

BSB Number

Account Number

<sup>2</sup> If the bank account details in this section are changed, they will then be the default bank account details on your account.

<sup>3</sup> All payments and transactions by the Trusts are in Australian dollars.

<sup>4</sup> Payments can only be made to bank accounts held in the account name listed in Section 1. No third party payments can be made.

## 7. CHANGE IN INCOME DISTRIBUTION INSTRUCTION

**Complete this section to change how you would like your income distributions to be paid.**

The selection below will apply to all units:

- Reinvest in additional units (back into the relevant trust)
- Pay to your previously nominated bank account.
- Pay via EFT into the following account: <sup>2</sup>

Name of Australian bank or financial institution

Branch

Account Name <sup>4</sup>

BSB Number

 - 

Account Number

## 8. CHANGE OF NAME

**Change of name for other entities (e.g. Australian Companies, Associations, Australian regulated trusts, Foreign companies, Government bodies, Partnerships, Registered Co-operatives, Unregulated Australian trusts and foreign trusts).**

Previous Name

New Name

Entity name

Account reference (as applicable)

Please provide a certified copy of the Certificate of Corporation and evidence of the name change.

## 9. INTERESTED PARTIES

**Complete this section to update the details of your interested parties.**

- The following parties may receive information relating to this investment.
- The following parties should no longer receive information relating to this investment.

Name

Company

Email address

Contact phone number

### Delivery address

Unit/Level

Street number

Street name (or PO Box)

Suburb/Town

State

Postcode

Country

- Please provide copies of all transactions and investor statements to the interested parties.

Please attach a schedule if more space is required

## 10. TAX STATUS NOTIFICATION

Please complete this section if you wish to update your companies tax status and/or provide your Australian company tax file number (TFN), or a reason for the exemption.

MLC is authorised to ask for the entity’s ABN or Company TFN to open an investment account for income distribution purposes and anti-money laundering. If the investing entity does not provide this unique identifier, the application cannot be processed.

### Company/Trust

TFN

ABN

or TFN exemption (provide reason)

### Other

TFN

ABN

or TFN exemption (provide reason)

For non-residents, please provide your country of residence for tax purposes.

Country of residence

## 11. DECLARATION AND SIGNATURES

Mandatory (\*)

By signing this form I acknowledge that I have read and understood the Trust(s) current IM and any Supplementary IM and any web updates to which this form relates and I agree to be bound by the IM and any Supplementary IM and the Trust(s) Constitution, each as replaced, supplemented or updated from time to time. I declare that all the details provided on this form and in any related identification form(s) are true and correct.

<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Director 1 <sup>5</sup>	<input type="checkbox"/> Sole director <sup>5</sup>	<input type="checkbox"/> Authorised signatory <sup>5,6</sup>
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Signature*	Full name*
	<input type="text"/>
	Date signed (DD/MM/YYYY)*
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<input type="checkbox"/> Individual trustee 2	<input type="checkbox"/> Director 2 <sup>5</sup>	<input type="checkbox"/> Secretary <sup>5</sup>	<input type="checkbox"/> Authorised signatory <sup>5,6</sup>
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Signature*	Full name*
	<input type="text"/>
	Date signed (DD/MM/YYYY)*
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5 For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.  
 6 An Authorised Signatory List must have been previously provided.