AUTHORISED REPRESENTATIVE FORM - INDIVIDUAL

A person appointed as your authorised representative is **authorised** by you to: **apply for units** in the Fund(s) and sign all documents necessary for this purpose; **make requests to redeem all or some of your units**; **and make written requests for information** regarding your units.

Please refer to the terms described in the "Additional Information" section of the PDS or Additional Information to the PDS.

Investor Name:		
Investor Number (eight-digit number):		
☐ Maple-Brown Abbott Global Listed Infrastructure Fund	☐ Maple-Brown Abbott Global Listed Infrastructure Fund - Hedged	

(A) Appointment of authorised representative

Authorised representative 1

Title_____ Given name/s _____

Surname _____ Date of birth _____ / _____ / _____

Country of residency: ☐ Australia ☐ Other country (please name country) _____

Address _____

Suburb _____ State _____ Postcode _____

Phone no. (____) _____ Mobile no. _____

Facsimile no. (____) _____

E-mail address: _____

Signature of Authorised Rep. : _____ Date _____ / _____ / _____

☐ **ATTACH: Certified copy of the current Australian driver's licence or passport of authorised representative 1**

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Authorised representative 2

Title_____ Given name/s _____

Surname _____ Date of birth _____ / _____ / _____

Country of residency: ☐ Australia ☐ Other country (please name country) _____

Address _____

Suburb _____ State _____ Postcode _____

Phone no. (____) _____ Mobile no. _____

Facsimile no. (____) _____

E-mail address: _____

Signature of Authorised Rep. : _____ Date _____ / _____ / _____

☐ **ATTACH: Certified copy of the current Australian driver's licence or passport of authorised representative 2**

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

If more authorised representatives are appointed, provide details on a separate sheet and tick this box ☐

(B) Account operating authority

Please indicate how you wish to operate your Account.

☐ **Any one of us to sign**, or
☐ **All of us to sign**, or
☐ **Any two of us to sign**

If you select 'any one of us to sign', each of you (including any person you appoint as an authorised representative) will be able to transact on, or otherwise operate your account independently of the others.

If you do not select an option, we will assume that 'any one of us to sign' option will apply.

(C) Declarations and signatures

In signing this form, the undersign confirms that I/We:

- have read and understood in full the relevant PDS and Additional Information to the PDS to which this form relates;
- agree that the terms and conditions of the PDS and Additional Information to the PDS form part of this declaration;
- acknowledge that I/we have read, understood and agree to all declarations, conditions and acknowledgements contained in the PDS and Additional Information to the PDS, specifically the terms and conditions in the 'Additional Information' section of the PDS or Additional Information to the PDS;
- agree to notify each authorised representative of relevant terms and conditions and any other items contained in the PDS and the Additional Information to the PDS, and any amendments to them;
- authorise each representative named in this form to operate my/our account in respect of the Fund(s) elected in the Application Form or this form;
- understand that an authorised representative can act solely on the account subject to section (B) of this Authorised Representative Form;
- understand I/we are liable for any use of the account by an authorised representative;
- understand that such appointments continue until I/we cancel the appointments by giving notice in writing;
- acknowledge that the instructions provided in this form supersede all prior authorities;
- acknowledge and agree to be bound by the terms and conditions in the Application Form; and
- acknowledge, accept and declare that all the details given in this form are true and correct, and I/we undertake to inform you of any changes to the information supplied as and when they occur.

Signatory 1

Signature: _____

Full Name: _____

Capacity: (e.g. director, trustee) _____

Date: _____

Signatory 2

Signature: _____

Full Name: _____

Capacity: (e.g. director, trustee) _____

Date: _____

Signatory 3

Signature: _____

Full Name: _____

Capacity: (e.g. director, trustee) _____

Date: _____

Signatory 4

Signature: _____

Full Name: _____

Capacity: (e.g. director, trustee) _____

Date: _____

Post original form and accompanying documents, together with the Application Form (if applicable) to:

Maple-Brown Abbott Limited
c/- Automic Pty Ltd
GPO Box 5193
Sydney NSW 2000