# CHANGE OF DETAILS FORM

**Online Form:** Change of details requests can also be lodged via the online Investor Portal.

| **Fund information** | | |
|---|---|---|
| Please accept this Change of Details request with respect to my/our investment in the below Fund(s) | | |
| ☐ Maple-Brown Abbott Global Listed Infrastructure Fund | ☐ Maple-Brown Abbott Global Listed Infrastructure Fund - Hedged | |
| Investor Name: | | |
| Investor Number (eight-digit number): | | |

| **Update your contact details** | |
|---|---|
| Email address: | |
| Mailing address: | |
| Mobile Phone Number: | |
| Home Phone Number: | |
| Work Phone Number: | |
| Fax Number: | |

**Distribution election**

I/we wish to have my/our distributions**:**

☐ reinvested as additional units in the Fund(s)

☐ paid in cash (Australian dollars only) into my/our account below**:**

Bank _____ Account Name _____

BSB No _____ Account No _____

**NOTE:** We can not transfer proceeds to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.

| **Update your bank details** (for redemptions and distributions if applicable) | |
|---|---|
| Account Name: | |
| BSB: | |
| Account Number: | |
| Financial Institution: | |

**NOTE:** We can not transfer proceeds to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund, e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.

## Provide your tax file number(s)

| | |
|---|---|
| TFN 1 | Full Name: |
| | TFN: |
| TFN 2<br>(for joint investor account) | Full Name: |
| | TFN: |

**NOTE:** For trusts and superannuation funds – provide the TFN of the trust or super fund. TFNs for trustees cannot be accepted.

## Change 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.

## Adviser access to your account information

**By filling in this section, you consent to give your financial adviser access (including via email) to your statements. Advisers will only be copied in on your transaction statements, investor communication and Annual Financial Reports.**

Adviser Name _____

Name of Advisory Firm and/ or Dealer Group _____

AFSL Number _____ Citi Adviser Number _____

Address _____

Suburb _____ State _____ Postcode _____

Phone no. (____) _____ Mobile no. _____

Facsimile no. (____) _____

E-mail address: _____

## Signature(s)

All signature(s) on this form must match the signing authority currently held by the Registry for your investment account.

Where signing under a Power of Attorney, the attorney confirms that the power of attorney has not been revoked. The signature(s) must match the power of attorney document or operating authority currently held by the Registry.

**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: _____

**Return the completed form to: Post:**
Maple-Brown Abbott Limited
c/- Automic Pty Ltd
GPO Box 5193
Sydney NSW 2000