

CHANGE OF DETAILS FORM

FAIRVIEW EQUITY PARTNERS EMERGING COMPANIES FUND

DATE: OCTOBER 2019

Please use this form if you are an existing investor in the Fairview Equity Partners Emerging Companies Fund (Fund) and wish to amend your personal details, communication and distribution preferences, bank account details for withdrawal payments and income distributions. Please note where new information is not provided, existing information will prevail.

Please complete the relevant sections in BLOCK letters, using BLACK or BLUE INK. If you make an error while completing this form, please do not use correction fluid. Cross out your mistakes and have all signatories initial the changes.

Before completing this form you should check you have read the latest up to date information for the Fund, by ensuring you have the current Product Disclosure Statement (PDS) and Product Guide and any website updates for the Fund. If you do not have a copy of the PDS, Product Guide and any website updates, a copy is available free of charge from mlcam.com.au or available by contacting Client Services on **1300 738 355**, or from your approved Australian financial adviser (Financial Adviser).

Section 1 must be completed regardless of whether changes have occurred in these details or not.

If there are changes to investor(s) and/or organisation details in Section 1 and Section 2 and you are NOT lodging this Change of Details Form through a Financial Adviser, you will be required to complete the relevant Financial Services Council (FSC) identification form(s) and provide us with certified copies of the **identity verification documents**. Please contact Client Services on **1300 738 355** for further information.

Please return your completed form to:

National Australia Bank
Attn: Registry Services
GPO Box 1406
Melbourne VIC 3001 Australia

Or fax to 1300 365 601

If you have any questions, please contact Client Services on **1300 738 355**.

Privacy notice

Your privacy is important to us. For more information on how we collect, use, share and handle your personal information, please refer to the NAB Group's Privacy Policy. A copy is available at mlcam.com.au/privacy or by contacting Client Services.

1. INVESTOR DETAILS

Account number

Account name

Contact phone number

Email address

2. CHANGE IN PERSONNEL DETAILS

Complete this section to add or remove a director / beneficial owner / senior managing official / partner / member / individual or corporate trustee / beneficiary on your account.

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

- Director(s)
 Member(s)¹
 Senior managing officials(s)¹
 Corporate Trustee²
 Beneficial owner(s)¹
 Individual Trustee¹
 Partner(s)¹
 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"/>

If you are NOT lodging this Change of Details Form through a Financial Adviser, please provide certified copies of verification documents to support your change request, such as:

- Individuals: Driver's licence or passport;
- Company: ASIC records reflecting the new director(s), beneficial owner(s);
- Senior managing official: Updated minutes of meeting; or
- 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.

Financial Advisers must complete the applicable FSC identification form(s) and verify all changes.

1 For changes to personnel (excluding director(s) or beneficiary(s)), please contact Client Services on **1300 738 355** to complete the FSC identification form for Individual(s).
 2 For changes to corporate trustee personnel, please contact Client Services on **1300 738 355** to complete the FSC identification form for Australian or foreign companies.

3. CHANGE OF CONTACT DETAILS

Complete this section to change your residential and/or postal address details.

Residential address or registered office address

Unit/Level	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town		
<input type="text"/>		
State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Telephone: Business hours	Mobile
<input type="text"/>	<input type="text"/>
Email address*	
<input type="text"/>	
Occupation / Nature of business or industry (e.g. SMSF or Legal Services)	
<input type="text"/>	

* By providing your email address, you consent to receive disclosures required to be made to you by ACP under the Corporations Act in electronic format.

If postal address is different to the above, please complete this section below:

C/- (if applicable)

Unit/Level	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town		
<input type="text"/>		
State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 we 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 we may still need to send you letters in the post.

Please cross (X) the boxes below as applicable.

- I/We prefer to receive a paper copy of all communications.
- Please provide my/our Financial Adviser (details provided in Section 7) with information and copies of all transactions relating to my/our investment.

4B. Annual report

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

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

5. CHANGE OF DISTRIBUTION METHOD

Complete this section to change how you would like your income distributions to be paid.³

This will apply to all units: Reinvest income distributions for additional units **OR** Pay to a previously nominated bank account or the bank account nominated in Section 6

6. CHANGE OF BANK ACCOUNT DETAILS FOR WITHDRAWAL PROCEEDS AND INCOME DISTRIBUTIONS

Complete this section to change your bank account details and/or if you chose to pay to a bank account in Section 5.

By providing your bank account details in this section, you authorise Antares Capital Partners Ltd (ACP) to use these details for **all** distribution and withdrawal requests that you nominate.³

Australian account

Name of Australian bank or financial institution

Branch

BSB Number

 -

Account Number

Account name⁴

³ All payments and transactions by the Fund are in Australian dollars.

⁴ Payments can only be made to accounts held in the investor's name. For joint investors, payments can be made to a bank account held solely in the name of one of the joint account holders, provided both signatories have signed this form. No third party payments are made.

7. FINANCIAL ADVISER DETAILS

Complete this section to add/update/remove your financial adviser details.

- Add - Please provide your Financial Adviser's details below.
- Update - Please provide your Financial Adviser's details below.
- Remove

Financial Adviser name

Dealer Group

Dealer branch

ABN (if registered in Australia)

AFSL No. (if registered in Australia)

Contact phone no.

Financial Adviser's address

Email address

Financial Adviser bank account details (To be completed by a Financial Adviser only)

Name of Australian bank or financial institution

Branch

BSB Number

 -

Account Number

Account name

Your remuneration will be paid into the above bank account. Please only provide your bank account details if applicable. You must obtain and document the investor's clear consent where the adviser service fee is received by your Licensee and subsequently paid to you.

Financial Adviser signature

Date signed (DD/MM/YYYY): / /

Financial Adviser stamp

Full Name

8. CHANGE OF FINANCIAL ADVISER REMUNERATION DETAILS

Complete this section to change your financial adviser remuneration details.

Do you wish to pay your Financial Adviser an adviser service fee?

No - Go to Section 9 Yes - Complete the details below

I/We request, until further notice from me/us, that ACP deduct adviser service fees from my/our investment account to pay my/our Financial Adviser as set out below.

I/We acknowledge that any adviser service fee amount will be paid to the Financial Adviser's account nominated in Section 7. (Please provide adviser bank account details in Section 7).

I/We understand and consent to this amount being shared with other parties as outlined by my Financial Adviser.

One-off fixed dollar fee

Please nominate the one-off fixed dollar amount (deducted via a withdrawal of units from your investment balance) you wish to pay your Financial Adviser.

\$ **AND/OR**

Adviser service fee per additional investment

This fee is deducted from every additional investment and deducted via a withdrawal of units from your investment balance. Please nominate the percentage amount of each investment you wish to pay your Financial Adviser.

% per investment (max 3.3%) **AND/OR**

Quarterly adviser service fee

This fee is calculated on a daily basis and deducted quarterly via a withdrawal of units on the first business day of the following quarter. Please nominate the percentage or dollar amount you wish to pay your Financial Adviser.

% per annum (max 1.1%) **OR** \$ per annum

Note: The amount that will be paid to your Financial Adviser is inclusive of GST. Government legislation prohibits advisers charging percentage based advice fees to retail clients where new investments are purchased from 1 July 2013 with borrowed amounts.

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
<input type="text"/>	<input type="text"/>
Email address	Contact phone number
<input type="text"/>	<input type="text"/>

Delivery address

Unit/Level	Street number	Street name (or PO Box)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town		
<input type="text"/>		
State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Please attach a schedule if more space is required

10. CHANGE OF NAME

Complete this section for a change in name due to (please cross (X) the relevant box):

- Marriage Divorce Deed poll Other (please specify)

Title	Full given name(s)
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	

Please provide an original certified copy of your marriage certificate, change of name certificate or divorce decree. We can only accept a marriage certified issued by the appropriate State or Territory Registry of Births, Deaths and Marriages. Certification that the document is a true and complete copy of the original must appear on each page with an original signature and the title of the person who endorses the document. We can't accept change of name documents via email.

Please sign using your previous and new signatures below.

Previous signature	New signature
<input type="text"/>	<input type="text"/>

Date: / /

Change of name for other entities (e.g. company, superannuation fund, trust (including self-managed superannuation funds (SMSFs))

Entity name	Account reference (as applicable)
<input type="text"/>	<input type="text"/>

Please provide a certified copy of the Certificate of Corporation.

11. TAX STATUS NOTIFICATION

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

ACP is authorised under the Australian Income Tax Assessment Act 1936 to collect your TFN for income distribution purposes. If you are an Australian resident, please note that you don't have to provide your TFN and it's not an offence if you decide not to, but if you don't, 'Pay As You Go Withholding Tax' will be deducted at the highest marginal tax rate (plus Medicare Levy) from any income distributions payable to you.

Investor 1

TFN

or TFN exemption (provide reason)

Investor 2

TFN

or TFN exemption (provide reason)

Company/Trust

TFN

ABN

or TFN exemption (provide reason)

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

Country of residence

12. DECLARATION AND SIGNATURES

By signing this form I/we acknowledge that I/we have read and understood the Fund's current PDS, Product Guide to which this form relates and I/we agree to be bound by the PDS, Product Guide and the Fund's Constitution, each as replaced, supplemented or updated from time to time. I/We declare that all the details provided on this form and in any related identification form(s) are true and correct.

If this form is signed under a Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power. A certified copy of the Power of Attorney and FSC individuals identification form (available at mlcam.com.au/forms) for the Attorney should be submitted with this form unless ACP has already sighted it.

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Director 1 ⁵	<input type="checkbox"/> Sole director ⁵
<input type="checkbox"/> Attorney 1 ⁶	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory ^{5,7}	

Signature Date signed (DD/MM/YYYY)

/

 /

Full name Date of birth (DD/MM/YYYY)

/

 /

Residential address

Unit/Level	Street number	Street name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Suburb/Town		
<input style="width: 100%;" type="text"/>		
State	Postcode	Country
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

<input type="checkbox"/> Investor 2	<input type="checkbox"/> Individual trustee 2	<input type="checkbox"/> Director 2 ⁵	<input type="checkbox"/> Secretary ⁵
<input type="checkbox"/> Attorney 2 ⁶	<input type="checkbox"/> Partner 2	<input type="checkbox"/> Authorised signatory ^{5,7}	

Signature Date signed (DD/MM/YYYY)

/

 /

Full name Date of birth (DD/MM/YYYY)

/

 /

Residential address

Unit/Level	Street number	Street name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Suburb/Town		
<input style="width: 100%;" type="text"/>		
State	Postcode	Country
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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 Attorney's signature(s) must be witnessed.
⁷ An Authorised Signatory List must have been previously provided.

Signature of witness to Attorney 1

Signature of witness to Attorney 1 signature (witness must be a third party, i.e. not the investor or the named Attorney)
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 / /

Residential Address

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

Signature of witness to Attorney 2

Signature of witness to Attorney 2 signature (witness must be a third party, i.e. not the investor or the named Attorney)
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 / /

Residential Address

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country