

CHANGE OF DETAILS FORM

FAIRVIEW EQUITY PARTNERS EMERGING COMPANIES FUND

Before completing this form you should check you have read the latest up to date information for the Fairview Equity Partners Emerging Companies Fund (Fund), by ensuring you have the current Product Disclosure Statement (PDS), 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 nabam.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.

Please note where information is not provided, existing information will prevail.

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 may 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.

1. INVESTOR DETAILS

Investor number

1A. Investor 1 – Individual / Joint investor 1 / Sole trader

Title	Full given name(s)	Surname
Phone: Business hours	Facsimile	
Email address		
Occupation		
Full business name through which you carry out your business (if applicable):		
Full address of the principal place of business (if applicable):		
Number	Street name or PO Box	
Suburb/Town	State	Postcode
Country		

1B. Investor 2 – Joint investor 2

Title	Full given name(s)	Surname
Phone: Business hours	Facsimile	
Email address		
Occupation		

1C. Companies / Trusts / Superannuation funds / Associations / Government bodies / Registered co-operatives / Partnerships

Name	
Account designation	
Trustee/Director/Partner name(s)	
Contact person name ¹	Contact person phone
Contact person email	
Nature of business / industry (e.g. SMSF or legal services)	

¹ Please provide details of the person we should contact regarding this form.

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, please cross (X) the box and complete their details below.

- Director(s)
- Beneficial owner(s)²
- Senior managing official(s)²
- Partner(s)²
- Member(s)²
- Individual Trustee²
- Corporate Trustee³
- Beneficiary(s)

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

² 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).

³ For changes to corporate trustee personnel please contact Client Services on **1300 738 355** to complete the FSC identification form for Australian or foreign company.

3. NEW ADDRESS DETAILS

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

Residential address

Number	Street name		
Suburb/Town		State	Postcode
Country			

All future communications regarding this account will be delivered to the new address below. Please attach a schedule if more delivery addresses are required.

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

C/- (if applicable)			
Number	Street name or PO Box		
Suburb/Town		State	Postcode
Country			

4. COMMUNICATION VIA EMAIL

Complete this section to change your communication details.

By providing your email addresses in 1A, 1B and/or 1C, 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.

If you would prefer to receive a paper copy of all disclosures, please cross (X) this box.

5. NEW DISTRIBUTION OPTION⁴

Complete this section to change your distribution options.

This will apply to all units: Reinvest income distributions for additional units. **OR** Pay to bank account nominated in section 6.

⁴ All payments and transactions by the Fund are in Australian dollars. Payments into non-Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non-Australian resident investors should seek advice from their banking institution.

6. WITHDRAWAL PROCEEDS AND INCOME DISTRIBUTIONS⁵

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

Australian Account

Name of Australian bank or financial institution	Branch
Name in which the account is held	
BSB number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <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="text"/> <input type="text"/> <input type="text"/>
Account name ⁶	

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.

⁵ All payments and transactions by the Fund are in Australian dollars. Payments into non-Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non-Australian resident investors should seek advice from their banking institution.

⁶ The account name must be the same as the investor's name. For joint investors, it must be a joint account.

7. FINANCIAL ADVISER REMUNERATION

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 8 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 8. (Please provide adviser bank account details in section 8).

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 you wish to pay your Financial Adviser.

\$

AND/OR

Adviser service fee per investment

This fee is deducted from every investment. 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 your investment balance on a quarterly basis and deducted quarterly from your investment. 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.

8. FINANCIAL ADVISER DETAILS

Complete this section to change your financial adviser details.

I/We agree that information relating to my/our investment may be supplied to my/our Financial Adviser. Yes, please provide information. No, please do not provide information.

Please provide copies of all transactions to my/our Financial Adviser. If no election is made no copies will be sent. Yes No

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
Name in which the account is held	
BSB number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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	Financial Adviser stamp
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Surname	
Given name(s)	

9. INTERESTED PARTIES

Complete this section to change your interested parties details.

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

Name	Company
Email	Phone

Delivery address

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. DECLARATION AND SIGNATURES

By signing this form I/we acknowledge that I/we have read and understood the Fund's current PDS and 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 on nabam.com.au/forms) for the Attorney should be submitted with this form unless ACP has already sighted it.

- Investor 1 Individual trustee 1 Sole director⁷ Director 1⁷
 Attorney 1⁸ Partner 1 Authorised signatory^{7,9}

Signature	Full name
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Residential address

Number	Street name	
Suburb/Town	State	Postcode
Country		

- Investor 2 Individual trustee 2 Director 2⁷ Secretary⁷
 Attorney 2⁸ Partner 2 Authorised signatory^{7,9}

Signature	Full name
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Residential address

Number	Street name	
Suburb/Town	State	Postcode
Country		

⁷ For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.

⁸ Attorney's signature(s) must be witnessed below.

⁹ An **Authorised Signatory List** must have been previously provided by the organisation.

Signature of witness to Attorney 1 signature (Witness must be third party, i.e. not investor or Attorney) I declare I have witnessed the signature of the named Attorney	Signature of witness to Attorney 2 signature (Witness must be third party, i.e. not investor or Attorney) I declare I have witnessed the signature of the named Attorney
Witness name (print)	Witness name (print)
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	Address

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**.