

Income Distribution Election Form

Investor details

APN Fund name (the Fund) _____

Investor number _____

Investor name / Trust name / Company name / Partnership name _____

Income distribution election

Select **ONE** of the following distribution options below

I would like to update my existing income distribution election to the following option:

OPTION 1

Reinvested in the Fund (if applicable) _____

OPTION 2

Credited to nominated bank account. Please complete your bank account details below.

Name of financial institution _____

Account name _____

BSB _____ Account number _____

OPTION 3

Combination of Option 1 and Option 2. Enter amount (AUD) **or** percentage (if applicable) _____

Maximum reinvested in the fund (remainder \$ _____ % will be paid into your nominated bank account)

Maximum credited to nominated bank \$ _____ % account (remainder will be reinvested in the fund) Total = 100%

Name of financial institution _____

Account name _____

BSB _____ Account number _____

Send us your form

We accept this form returned to us by email, fax or post. All pages must be present for the forms to be processed.

Email
Please scan and email to: apnpg@apngroup.com.au
(You can send up to 10mb of attachments.)

Fax
Please fax the completed form to: **+61 3 8656 1010**

Post
Mail this completed form to: **APN Funds Management Limited, PO Box 18011, Melbourne Collins Street East, VIC 8003**

Declaration and signature(s)

Joint applicants must both sign

I/We declare that:

- All details provided by me/us in this Form are true and correct.
- If this is a joint investment, each of us agrees, unless otherwise indicated on this Form, our investment is as joint tenants. Each of us is able to operate the account and bind the other(s) to any transaction including investments, switches or withdrawal by any available method.
- I/We will provide to APN FM or its nominee any information that APN FM reasonably requires in order to enable APN FM to comply with all its obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and its associated rules and regulations (in force from time to time).
- If investing as trustee on behalf of a superannuation fund or trust I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act.
- I/We acknowledge that APN FM and its related bodies corporate may disclose and use personal information as contemplated in this form and APN FM's Privacy Policy available at www.apngroup.com.au and the Privacy Statement in the PDS.
- I/We acknowledge and agree that electronic instructions will be treated as contemplated in the current PDS under the heading "Electronic Instructions".
- I/We will provide APN FM or its nominee any information that APN FM reasonably requires in order to enable APN FM to meet all of its compliance, reporting and other obligations under the United States of America Foreign Account Tax Compliance Act (FATCA) and all associated rules and regulations from time to time (including, without limitation, the Inter-Governmental Agreement (IGA) entered into between the governments of the US and Australia). I/We understand that APN FM may disclose such information to the Australian Taxation Office (ATO) who may in turn disclose the information to the US Internal Revenue Service (IRS).
- I/We understand that where I/we have provided APN FM or its nominee with information about my status or designation under or for the purposes of FATCA (including, but without limitation, US residency or citizenship status and FATCA status as a particular entity type) and all associated rules and regulations, APN FM will treat that information as true and correct without any additional validation or confirmation being undertaken by APN FM except where it is under a legal obligation to do so.
- If this application is signed under 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 must be submitted with this application unless APN FM have already sighted it).
- SOLE SIGNATORIES signing on behalf of a company confirm that they are signing as either a director or sole director and sole secretary of the company by ticking the relevant box.

Signature of Investor A / Trustee / Company Officer _____

Name of Investor A / Trustee / Company Officer (please print) _____

Date / / _____

Director Sole director and company secretary Trustee Other (please specify) _____

Signature of Investor B / Trustee / Company Officer _____

Name of Investor B / Trustee / Company Officer (please print) _____

Date / / _____

Director Company secretary Trustee Other (please specify) _____