

Section 1071B Statement

How to complete this form

Section 1071B Statement

Enter the following in the spaces provided. Complete the full name(s) of all Executor(s)/Administrator(s) and one address.

1. The full name(s) of all Executor(s) or Administrator(s).
2. The Australian State or Territory where the securities are registered.
3. A contact name and telephone number of a person in the event that the registry has a query regarding this form.

Signature

All Executor(s)/Administrator(s) must sign in the presence of a witness who is known to them.

Investor details

APN Fund name (the Fund)

Investor number

Full Name(s) of registered holding

Registered address

Suburb	State	Postcode
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Section 1071B Statement

Photocopies will not be accepted.

Where Probate/Letters of Administration has/have been granted in an Australian State or Territory other than where the units/ securities are registered, a statement in writing as prescribed by Section 1071B of the Corporations Act 2001 must be lodged, together with a transfer/transmission within three months of the statement being made.

I/We do solemnly and sincerely declare I am/we are the personal representative(s) namely the executor(s) of the will/administrator(s), to whom Probate/Letters of Administration has/have been granted for the above deceased estate and which grant has not been revoked.

4. Full name(s) of Executor(s) or Administrator(s)

5. To the best of my/our knowledge, information and belief no grant of representation of the estate has been applied for or made in (Australian State or Territory where the units/ securities are registered) and no application for such a grant will be made.

6. Contact Name

Phone

Email address

Signature(s) of executor(s)/administrator(s) - THIS MUST BE COMPLETED

I/We declare and agree that:

- 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).
- I/We acknowledge that APN FM and its related bodies corporate may disclose and use personal information as contemplated in this form, APN FM's Privacy Policy available at www.apngroup.com.au and the Privacy Statement in the PDS.

Executor/Administrator (delete one)

Signature

Witness name

Witness signature

Executor/Administrator (delete one)

Signature

Witness name

Witness signature

Executor/Administrator (delete one)

Signature

Witness name

Witness signature

The witness(es) certifies that the person(s) who has/have signed this statement is/are known to them and has/have signed in the presence of the witness with their normal signature(s).

Date / /

Executors/Administrators:

When the holding is in the name of an Estate, all Executors/ Administrators are required to sign.

NOTE:

Australian - The Corporation Act 2001 imposes severe penalties for making a false statement (\$10,000 or 2 years imprisonment or both) or failing to ensure a statement is not false or misleading (\$5,000 or 1 year imprisonment or both).

Overseas - Please complete this statutory declaration in accordance with the laws of the country in which it is declared and ensure it is legally witnessed.

Send us your form

We can only accept this form returned to us by post. All pages must be present for the forms to be processed.

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