

Please indicate if the principal place of business is the same as the registered office address: **OR** complete this section.

Street

Suburb State
Postcode Country

Mailing address

Please indicate if the mailing address is the same as the registered office address: **OR** the principal place of business address: **OR** complete this section.

Street

Suburb State
Postcode Country

Contact phone number(s) and email

Home () Business ()
Mobile Fax ()
Email

PART 1: Bank account details and distribution preferences

Nominate a bank account into which your distributions are to be paid. If you are an overseas Investor please download an *Overseas Bank Details form* at www.trilogyfunds.com.au/forms or call Investor Relations on 1800 230 099.

Important: please note that all products held under the Investor ID provided on page 1 will be updated with the bank account details you provide below.

Financial institution name

Account name

BSB - Account number

If relevant - Trilogy Enhanced Income Fund and Trilogy Monthly Income Trust investors to complete (reinvestment is not applicable to other investments)

Indicate your distribution preference below.

Pay my distribution to the account noted above OR

Reinvest my distribution.

PART 2: Operating Authority

When giving instructions to us about your investment, please note that companies must give instructions and sign in accordance with the *Corporations Act 2001* (i.e. two directors, a director and a secretary or a sole director/secretary)

Either signatory to sign **OR** Both signatories must sign **OR**

Other, please specify:

PART 3: Communication preferences

Please provide your communication preferences below. Please ensure you have provided your email address and a mobile phone number, and that in the future you keep the details we hold up to date.

I/we agree to receive correspondence as set out below, in accordance with our standard delivery schedule (which may be updated on our website).

Note: You may contact Investor Relations if you have a special request, for example, a hard copy delivered to you in the post.

Communication	Timing	Delivery
Distribution Statements	Monthly	Email
Other communications	When a material change occurs	Website and email
Transaction confirmations	After each transaction	Email
Tax Statements	Annually	Email
Periodic Statements	Annually	Email
Annual Report	Annually	Website

I/We do not have an email address and therefore would like all communications to be mailed.

Yes, mailing address is the same as specified at the beginning of this form.

Yes, contact number is the same as specified at the beginning of this form.

Note: If any of your contact details are different, please change this in Part 1 of the form as your preferred contact information.

PART 4: Signatures

Please sign in accordance with your Operating Authority

Director 1

Given name(s)

Surname

Signature

Date

Director 2

Given name(s)

Surname

Signature

Date

PLEASE RETURN TO:

OPTION 1 Free post your application to:
Trilogy Funds Management Limited
Reply Paid 1648
Brisbane QLD 4001

OPTION 2 Scan and email your application to:
investorrelations@trilogyfunds.com.au

Please contact us if you have any questions about the change of details process.

Phone Investor Relations on 1800 230 099 (New Zealand callers phone +800 5510 1230) or email investorrelations@trilogyfunds.com.au