



## CHANGE OF DETAILS FORM

### ANTARES PROFESSIONAL SELECTION INVESTMENT FUNDS

DATE: OCTOBER 2023

**Please use this form if you are an existing investor in the suite of products known as the Antares Professional Selection Investment Funds (Funds) and wish to amend your contact details, communication and distribution preferences, bank account details for withdrawal payments, income distributions and any regular savings plan. Please note where new information is not provided, existing information will prevail.**

These Antares Professional Selection Investment Funds are listed in the table below.

Fund	APIR Code
Antares Dividend Builder	PPL0002AU
Antares Elite Opportunities Fund	PPL0115AU
Antares Ex-20 Australian Equities Fund	PPL5308AU
Antares High Growth Shares Fund	PPL0106AU

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 current Product Disclosure Statement (PDS), Product Guide (as applicable) and any website updates for the relevant Fund(s). Copies of the documents are available free of charge from [antarescapital.com.au](http://antarescapital.com.au) or by contacting Client Services on **1300 738 355**, or from your approved Australian financial adviser (Financial Adviser).

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 by:

**Mail:** Antares Registry Services  
GPO Box 804  
Melbourne VIC 3001

**Email:** [antaresequities\\_transactions@unitregistry.com.au](mailto:antaresequities_transactions@unitregistry.com.au)

If you require any assistance with completing this form, please contact Client Services on **1300 738 355**.

#### Privacy notice

We are committed to protecting your privacy. Any personal information we collect about you will be handled in accordance with our privacy policy, which outlines how we manage your personal information and how you may complain about a breach of your privacy. To obtain a copy, please visit [mlcam.com.au/privacy](http://mlcam.com.au/privacy) or by contacting Client Services on **1300 738 355**.

## 1. INVESTOR DETAILS

Mandatory (\*)

Account number\*

Account name\*

## 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)<sup>1</sup>     
  Senior managing officials(s)<sup>1</sup>     
  Corporate Trustee<sup>21</sup>  
 Beneficial owner(s)<sup>1</sup>     
  Individual Trustee<sup>1</sup>     
  Partner(s)<sup>1</sup>     
  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:

1. Individuals: Driver's licence or passport;
2. Company: ASIC records reflecting the new director(s), beneficial owner(s);
3. Senior managing official: Updated minutes of meeting; or
4. 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.

<sup>1</sup> 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).  
<sup>2</sup> 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

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

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

State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4. CHANGE IN COMMUNICATION PREFERENCE

### 4A. Electronic Communication

By providing your email address above, you agree that we may use this to provide you with information about your investment(s) such as transaction confirmations, statements, reports and other materials such as investor updates. You will also be able to access these documents on the investor portal, Antares Equities Online. From time to time we may still need to send you letters in the post.

Any PDS updates and notifications of material changes and significant events impacting the relevant Fund(s) will be published on **antarescapital.com.au** or provided to you via other electronic methods such as email. We'll notify you by email each time we publish communications about significant changes or events on our website.

Please note MLC can only register one email address of your preference.

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 8) with information and copies of all transactions relating to my/our investment. If no election is made, no copies will be sent.

### 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).

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

If you do not choose to have the annual report mailed to you, we will email it to your previously nominated email address or the email address provided in Section 3. If you do not choose to have the annual report mailed to you and have not provided a correspondence email address, we will publish a copy of the annual report for the Fund on **antarescapital.com.au**, and we'll notify you by mail when this has been made available online.

## 5. CHANGE OF DISTRIBUTION METHOD

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

Please refer to the PDS and Product Guide (as applicable) for the relevant Fund regarding the frequency and payment of income distributions.

Reinvest income distribution for additional units

**OR**

Pay to a previously nominated bank account or the account nominated in Section 6.

## 6. CHANGE OF BANK ACCOUNT DETAILS FOR WITHDRAWAL PROCEEDS/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.**

For changes to bank/financial institution accounts relating to Regular Savings Plan debits, please complete Section 7 of this form.

By providing your bank account details in this section, you authorise MLC Investments Limited (MLC) to use these details for distributions that you have elected to be paid to your bank account and/or any future withdrawal requests that you nominate.<sup>3</sup> **For any requests to change bank account details, please post originals of your completed form to Antares Registry Services. We will not process any bank account detail changes until these are received.**

### Bank Account

Name of Australian bank or financial institution

Branch

BSB Number

 - 

Account Number

Account name<sup>4</sup>

<sup>3</sup> Payments cannot be made from/into non-Australian dollar bank accounts.

<sup>4</sup> 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. CHANGE IN DIRECT DEBIT AUTHORISATION - REGULAR SAVINGS PLAN

Complete this section to change the bank/financial institution account details relating to Regular Savings Plan debits.

I/ We request MLC Investments Limited, until further notice in writing, to debit from my/our account at the financial institution identified below any amounts that MLC Investments Limited (user ID number 032209) may debit or charge me/us through the direct debit facility. This request will remain in force in accordance with the terms of the Direct Debit Service Agreement described in the Initial Application Form and the relevant PDS and Product Guide (as applicable).

### Bank Account

Name of Australian bank or financial institution

Branch

BSB number  -  Account number

Account name

Signature

Signature

Date (DD/MM/YYYY):  /  /

Date (DD/MM/YYYY):  /  /

**Note: Please note that not all building societies or credit unions accept or make fund transfers. Please check with your financial institution before completing this form. Should this nominated bank account not belong to you as the investor then we may seek further information from you. We will seek to establish your relationship to the third party who holds the nominated bank account as required under Anti-Money Laundering legislation. Refer to the Direct Debit Service Agreement section of the Initial Application Form or the Additional Investment Form. For any requests to change bank account details, please post originals of your completed form to Antares Registry Services. We will not process any bank account detail changes until these are received.**

## 8. FINANCIAL ADVISER NOMINATION

Complete this section to add/update/remove your Financial Adviser details.

**Add** - Please complete your new Financial Adviser's details below.

**Update** - Please complete your new Financial Adviser's details below.

**Remove**

### Financial Adviser's details

Title  Financial Adviser name

Dealer Group

Unit/Level  Street number  Street name

Suburb/Town  State  Postcode

Telephone: Business hours  Mobile

Email address

## 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 ID (Driver's Licence or Passport), marriage certificate, change of name certificate or divorce decree. We can only accept a marriage certificate 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. **For requests to change the name on your account, please post originals of your completed form and supporting documentation to Antares Registry Services. We will not process any name changes until these are received.**

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))**

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

Please provide a certified copy of the Certificate of Corporation and evidence of the name change.

## 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.**

MLC 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 offense if you decide not to. However, 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.

Please nominate your tax status below with a (X) if it has changed.

- Australian resident  
 Non-resident

### 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 current PDS and Product Guide (as applicable) for the relevant Fund(s) to which this form relates and I/we agree to be bound by the relevant PDS and Product Guide (as applicable) and the relevant 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 relevant FSC 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 [antarescapital.com.au/forms](http://antarescapital.com.au/forms)) for the Attorney should be submitted with this form unless MLC has already sighted it.**

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

  

Signature	Date signed (DD/MM/YYYY)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

  

Full name	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

  

Signature	Date signed (DD/MM/YYYY)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

  

Full name	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<sup>5</sup> For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.

<sup>6</sup> Attorney's signature(s) must be witnessed.

<sup>7</sup> 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

If you have any questions, please contact Client Services on **1300 738 355** or visit **antarescapital.com.au**