



# SWITCH REQUEST FORM

## ANTARES PROFESSIONAL SELECTION INVESTMENT FUNDS

DATE: DECEMBER 2024

**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 switch between the Funds. These Funds are listed in Section 2 of the form.**

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 these documents are available free of charge from **antarescapital.com.au**, or by contacting Client Services on **1300 738 355**, or from your approved Australian financial adviser (Financial Adviser).

Please return your completed form by:

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

**Email:** antaresequities\_transactions@unitregistry.com.au

Please ensure you include your account number in the subject line of your email.

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** or by contacting Client Services on **1300 738 355**.

## 1. INVESTOR DETAILS

Mandatory(\*)

Account number\*

Account name\*

## 2. SWITCH DETAILS

The minimum switching amount per Fund is A\$20,000, or \$5,000 if you are switching into a Fund in which you already hold units. All switches are subject to maintaining a minimum balance of \$20,000 per Fund.

If the remaining balance in a Fund is below the required minimum investment balance, after the switch, we may treat the withdrawal request as being for your entire investment in that Fund. Please refer to the PDS and Product Guide (as applicable) for the relevant Fund for further information.

A buy/sell spread will apply at the time of the switch. Please note that switching from one Fund to another could give rise to realised capital gains which may be subject to tax. You may need to seek advice from your tax specialist.

### a) Switch From

Fund	APIR Code	Dollar Amount	Number of Units	Full Unit Balance (please indicate with a cross (X))
Antares Dividend Builder	PPL0002AU	A\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Antares Elite Opportunities Fund	PPL0115AU	A\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Antares Ex-20 Australian Equities Fund	PPL5308AU	A\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Antares High Growth Shares Fund	PPL0106AU	A\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>

### b) Switch To

Income distributions will be reinvested in the Fund if no election is made.

Please indicate preference with a cross (X).

Fund	APIR Code	Dollar Amount	Number of Units	Total Unit Balance from Above	Reinvest Distributions	Distributions Credited to Nominated Bank account	
Antares Dividend Builder	PPL0002AU	A\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Antares Elite Opportunities Fund	PPL0115AU	A\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Antares Ex-20 Australian Equities Fund	PPL5308AU	A\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Antares High Growth Shares Fund	PPL0106AU	A\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>

### c) Existing instructions

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Please cross (X) this box if you wish to amend your account preferences. You will need to attach a completed Change of Details Form available at [antarescapital.com.au](http://antarescapital.com.au) or by contacting Client Services on **1300 738 355**.

### 3. FINANCIAL ADVISER ONLY

#### Financial Adviser's details

Financial Adviser name

Dealer Group

Antares adviser number

Contact phone no.

Financial Adviser's address

Email

If you have any questions, please contact Client Services on **1300 738 355** or visit **[antarescapital.com.au](http://antarescapital.com.au)**

## 4. DECLARATION

I/We declare that I/we:

- have received an electronic or paper copy of the PDS and Product Guide (as applicable) for the relevant Fund(s) that comprise the Antares Professional Selection Investment Funds;
- have received a copy of the current PDS to which this application relates, have read it and have accepted the offer of units in the Fund(s) made in the PDS and Product Guide (as applicable) in Australia. I/We acknowledge that my/our interest in the relevant Fund(s) will be subject to the terms of the Constitution for the Fund(s) (as amended from time to time)
- declare that all the details given in this form are true and correct;
- agree to be bound by the provisions of the Constitution(s) (as amended) for the relevant Fund(s) in which I/we are investing;
- acknowledge that MLC Investments Limited (MLC) will be entitled to deduct from application money or withdrawal proceeds, monies paid or payable by it on account of any taxes or duties in respect of the application or withdrawal;
- acknowledge that an investment in the relevant Fund is not a deposit with or a liability of MLC or any other companies in the Insignia Financial Group of Companies (referred to as the Insignia Financial Group) and is subject to investment risk, including possible delays in repayment and loss of income and capital invested and that neither MLC nor any other member of the Insignia Financial Group guarantees the repayment of capital, payment of income or the performance of the Fund(s);
- have not received notice of revocation of the Power of Attorney, where I/we are signing under that Power of Attorney (please provide a certified copy of the Power of Attorney if MLC has not already sighted it);
- am the sole signatory if signing on behalf of a company and can confirm that I am signing as sole director and sole secretary of the company;
- declare that I/we are at least 18 years of age;
- have read and understood the privacy material contained within the relevant PDS and Product Guide (as applicable); and
- have read and understood the terms and conditions of identity verification documents in the relevant PDS and Product Guide (as applicable) as required by *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF).

## 5. SIGNATURES

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Sole Director 1 <sup>1</sup>	<input type="checkbox"/> Director 1 <sup>1</sup>
<input type="checkbox"/> Attorney 1 <sup>2</sup>	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory <sup>1,3</sup>	

Signature Date signed (DD/MM/YYYY)

/   /

Full name Date of birth (DD/MM/YYYY)

/   /

**Residential address**

Unit	Level	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb/Town

State	Postcode	Country
<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>1</sup>	<input type="checkbox"/> Secretary <sup>1</sup>
<input type="checkbox"/> Attorney 2 <sup>2</sup>	<input type="checkbox"/> Partner 2	<input type="checkbox"/> Authorised signatory <sup>1,3</sup>	

Signature Date signed (DD/MM/YYYY)

/   /

Full name Date of birth (DD/MM/YYYY)

/   /

**Residential address**

Unit	Level	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb/Town

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

<sup>1</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>2</sup> Attorney's signature(s) must be witnessed below.  
<sup>3</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

