

SWITCH REQUEST FORM

ANTARES PROFESSIONAL SELECTION INVESTMENT FUNDS



Responsible Entity
Antares Capital Partners Ltd
ABN 85 066 081 114 AFSL 234483
A member of the NAB Group of companies

Date: June 2018

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), or 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 **1800 671 849**, 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 **1800 671 849**.

1. INVESTOR DETAILS

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 (or less than \$2,000 for the Antares Listed Property Fund), 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.

a) Switch From

Fund	APIR Code	Dollar Amount	Number of Units	Full Unit Balance (please indicate with a cross (X))
Antares Australian Equities Fund	PPL0110AU	<input type="text" value="\$A"/>	<input type="text"/>	<input type="checkbox"/>
Antares Dividend Builder	PPL0002AU	<input type="text" value="\$A"/>	<input type="text"/>	<input type="checkbox"/>
Antares Elite Opportunities Fund	PPL0115AU	<input type="text" value="\$A"/>	<input type="text"/>	<input type="checkbox"/>
Antares High Growth Shares Fund	PPL0106AU	<input type="text" value="\$A"/>	<input type="text"/>	<input type="checkbox"/>
Antares Listed Property Fund	NFS0209AU	<input type="text" value="\$A"/>	<input type="text"/>	<input type="checkbox"/>

Privacy notice

Your privacy is important to us. For more information on how we collect, use, share and handle your personal information, please refer to the NAB Group's Privacy Policy. A copy is available at antarescapital.com.au/privacy-statement or by contacting Client Services.

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b) Switch To

For the Antares Australian Equities Fund, income distributions will be reinvested in the Fund if no election is made. For all other Funds, income distributions will be credited to your nominated Australian bank account if no election is made.

Fund	APIR Code	Dollar Amount	Number of Units	Total Unit Balance from Above ¹	Reinvest Distributions ¹	or	Distributions Credited to Nominated Bank account ¹
Antares Australian Equities Fund	PPL0110AU	<input type="text" value="\$A"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Antares Dividend Builder	PPL0002AU	<input type="text" value="\$A"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Antares Elite Opportunities Fund	PPL0115AU	<input type="text" value="\$A"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Antares High Growth Shares Fund	PPL0106AU	<input type="text" value="\$A"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Antares Listed Property Fund	NFS0209AU	<input type="text" value="\$A"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>

¹ Indicate preference with a cross (X)

c) Existing instructions

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 or by contacting Client Services on **1800 671 849**.

3. DECLARATION

I/We declare that I/we:

- have received an electronic or paper copy of the PDS for the relevant Fund(s) that comprise the Antares Professional Selection Investment Funds;
- have read and understood and agree to be bound by the terms of the relevant PDS (which is taken to include the information contained in the relevant Product Guide) to which this application relates and declare that all the details given in this application 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 Antares Capital Partners Ltd (ACP) 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 National Australia Bank Limited (NAB) or any other companies in the NAB group of companies (referred to as the NAB Group) and is subject to investment risk, including possible delays in repayment and loss of income and capital invested and that neither ACP nor any other member of the NAB 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 ACP 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 consent to the collection, use and disclosure of my/our personal information as described in that material; 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, and agree to release and indemnify ACP against any liabilities whatsoever arising out of it withholding redemption requests due to incomplete identity documentation.

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4. SIGNATURES

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Sole director ¹	<input type="checkbox"/> Director 1 ¹	<input type="checkbox"/> Attorney 1 ²	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory ^{1,3}
Signature			Full name			
Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			Date of birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			
Residential address						
Unit/Level		Street number		Street name		
Suburb/Town				State		Postcode
Country						

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 2	<input type="checkbox"/> Director 2 ¹	<input type="checkbox"/> Secretary ¹	<input type="checkbox"/> Attorney 2 ²	<input type="checkbox"/> Partner 2	<input type="checkbox"/> Authorised signatory ^{1,3}
Signature			Full name			
Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			Date of birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			
Residential address						
Unit/Level		Street number		Street name		
Suburb/Town				State		Postcode
Country						

¹ For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.

² Attorney's signature(s) must be witnessed below.

³ An Authorised Signatory List must have been previously provided.

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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 <input type="text" value="DD/MM/YYYY"/>			
Residential address			
Unit/Level	Street number	Street name	
Suburb/Town		State	Postcode
Country			
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 <input type="text" value="DD/MM/YYYY"/>			
Residential address			
Unit/Level	Street number	Street name	
Suburb/Town		State	Postcode
Country			

5. FINANCIAL ADVISER ONLY

Financial Adviser's details

Financial Adviser name	
Dealer group	
Antares adviser number	Contact phone no.
Financial Adviser's address	
Email address	

If you have any questions, please contact Client Services on **1800 671 849** or visit **antarescapital.com.au**