

Change of Details

This form is to provide Trilogy Funds with updates to an investment account.

This is an editable PDF and can be completed on your computer. If you prefer to complete a printed version, please write in BLOCK letters using either a blue or black pen only. Print X in the appropriate boxes to indicate your response. Do not use whiteout on this form. If you need to correct a mistake, cross out the section to be corrected, accompanied with your full signature.

Please provide your Trilogy Funds Investor ID number and then complete all relevant sections, ensuring Section 6 is completed.

Investor ID:

Section 1: Individual details

If you have an investment account in the name of a superannuation fund, company, or trust you must complete both sections 1 & 2; to include the directors of proprietary companies and trustees. If there are more than two (2) individuals to include in this section (including trustees, company directors, partners, or beneficiaries), please download and complete an Additional Individuals Form at www.trilogyfunds.com.au/forms or call Investor Relations on **1800 230 099**.

	Investor 1	Investor 2
Individual type	Individual / Joint investor Individual trustee Company director Partner Beneficiary	Individual / Joint investor Individual trustee Company director Partner Beneficiary

Title

Given Name(s)

Surname

Preferred name

Details of class, if any (beneficiaries only)

Tax file number (TFN) or specify your exemption category

US citizen or resident of the US for tax purposes (if applicable)

YES	NO	YES	NO
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If YES, please download and complete a FATCA form available at www.trilogyfunds.com.au/forms.

Non-resident of Australia, other than US citizen or tax resident (if applicable)

YES	NO	YES	NO
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If YES, please download and complete a Self-Certification Declaration Form available at www.trilogyfunds.com.au/forms.

Politically exposed person (PEP) details (if applicable)

Please see www.austrac.gov.au for PEP definition

YES	NO	YES	NO
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Address and contact details

Same as Individual / Investor 1

Residential street address

City, State, and Postcode

Country (if not Australia)

PO Box or Postal address

Only complete if different to your residential address

Primary contact

Primary contact

Phone*

Email*

*A unique mobile and email is required for portal access for each individual.

Identification requirements

There are two methods that may be used to verify your identity for Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) purposes. You may either complete the fields within this form to have your identification verified online, or attach certified copies of the documents outlined in the further identification checklist at back of this Form. Trilogy Funds is required by AML/CTF laws to identify and verify your identity before providing financial services to you. Please see Trilogy Funds' privacy policy on the website www.trilogyfunds.com.au in relation to our use of your personal information.

By completing the fields within this Application Form you confirm that you are authorised to provide the personal information presented and consent to that information being disclosed to the document issuer or official record holder including via third party systems for the purpose of confirming and verifying your identity. All details of the identification type provided below (including name, date of birth and residential address) will be sent via an electronic request to an identity verification service to provide Trilogy Funds with an electronic response indicating that the information provided in the request, either matches or does not match the relevant official record data, or that a system error has been encountered in trying to process that request. If there are any issues verifying your identity, your application will be pending and you will be contacted by Trilogy Funds Investor Relations to complete verification.

Drivers Licence

Drivers licence no.

Drivers licence expiry date

Card number (must be completed)

State of issue

Your name, exactly as it appears on your licence.

Australian passport

Passport number

Expiry date

Your name, exactly as it appears on your passport.

Place of birth (as shown on your passport)

Country of birth

Section 2: Superannuation fund / company / trust details

If you have an investment account in the name of a company or trust please complete Section 1 for the directors and beneficiaries (i.e., individuals) relevant to the company (including corporate trustee) or trust, and this Section (2) for the details of the investor company or trust.

Entity type	Superannuation fund Company	Trust Other organisation
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Full name of the company or trust

ABN

Full name of the Individual trustee(s) or the Corporate trustee (where applicable)

ACN for the Corporate trustee or Company

Tax File Number (TFN)

Required for all Super Funds, Trusts and Companies.

If the Company or Trust is not formed or registered in Australia, please provide the country of formation or registration for tax purposes and download and complete a FATCA form available at www.trilogyfunds.com.au/forms/

Address details

Do not complete if you are an individual trustee.

Registered office

Principal place of business

Same as the registered office

Street address

City, State, and Postcode

Country (if not Australia)

Identification requirements

There are two methods that may be used to verify your identity for AML/CTF purposes. You may either complete the fields within this form to have your identification verified online, or attach certified copies of the documents outlined in the further identification checklist at the end of the form.

Company

ACN provided in Section 2 OR Certified copy of the certificate of registration issued by ASIC is attached.

Superannuation funds

If changing the Individual or Corporate trustee(s) refer to identification requirements for individuals in Section 1 and Beneficial owners below.

Trusts

An original or certified copy of the Trust Deed of Variation or if not reasonably available an original or certified extract of the Trust Deed of Variation. Extracts of the Deed of Variation must include the name of the Trust, Trustees, Beneficiaries and Appointers (where applicable).

Beneficial owners

For a company, beneficial owners are all individuals who hold one or more shareholdings of more than 25% of the company's issued capital. For a Trust, a beneficial owner is the person who controls the activities of the Trust (directly or indirectly including control by acting as trustee; or by means of Trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the trustees; or the ability to appoint or remove the Trustees).

Please list the beneficial owners below. See www.trilogyfunds.com.au/faq if you are unsure what 'beneficial owner' means. If there are more than two (2) beneficial owners, please download and complete the relevant sections of an Additional Individuals Form at www.trilogyfunds.com.au/forms or call Investor Relations on **1800 230 099**.

	Beneficial owner 1		Beneficial owner 2	
	Same as Individual 1		Same as Individual 2	
Title				
Given Name(s)				
Surname				
Date of birth				
Tax file number (TFN)				
US citizen or resident of the US for tax purposes (if applicable)	YES	NO	YES	NO
	<i>If YES, please download and complete a FATCA form available at www.trilogyfunds.com.au/forms.</i>			
Non-resident of Australia, other than US citizen or tax resident (if applicable)	YES	NO	YES	NO
	<i>If YES, please download and complete a Self-Certification Declaration Form available at www.trilogyfunds.com.au/forms.</i>			
Politically exposed person (PEP) details (if applicable) <i>Please see www.austrac.gov.au for PEP definition</i>	YES	NO	YES	NO

Beneficial owner identification requirements

There are two methods that may be used to verify identity for AML/CTF purposes. You may either complete the fields within this form to have your identification verified online, or attach certified copies of the documents outlined in the further identification checklist at the end of this form. Trilogy Funds is required by the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) laws to identify and verify your identity before providing financial services to you. Please see Trilogy Funds' privacy policy on the website www.trilogyfunds.com.au in relation to our use of your personal information.

By completing the fields within this Application Form you confirm that you are authorised to provide the personal information presented and consent to that information being disclosed to the document issuer or official record holder including via third party systems for the purpose of confirming and verifying your identity. All details of the identification type provided below (including name, date of birth and residential address) will be sent via an electronic request to an identity verification service to provide Trilogy Funds with an electronic response indicating that the information provided in the request, either matches or does not match the relevant official record data, or that a system error has been encountered in trying to process that request. If there are any issues verifying your identity, your application will be pending and you will be contacted by Trilogy Funds Investor Relations to complete verification.

Drivers licence

Drivers licence no.

Drivers licence expiry date

Card number (must be completed)

State of issue

Your name, exactly as it appears on your licence.

Australian passport

Passport number

Expiry date

Your name, exactly as it appears on your passport.

Place of birth (as shown on your passport)

Country of birth

Section 3: Communication preferences

Trilogy Funds' preference is to communicate with you via email. If you do not have an email address or would prefer to receive correspondence via post, please contact our Investor Relations team - investorrelations@trilogyfunds.com.au or **1800 230 099**.

How would you like to receive Annual Reports?	Email	Post
Would you like to receive SMS distribution notifications?	Yes	No

Section 4: Operating authority

For all applicants, please nominate the number of signatories who can authorise transactions on your investment such as redemptions and changes to investment details. If this section is left blank, then Trilogy Funds will assume all signatures are required to operate the investment.

Authorisation for investment changes and redemptions.	One signatory	All signatories	Other (please specify):
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Section 5: Nominated financial institution account details – for distributions and redemptions

If you have elected to reinvest your income distributions, your financial institution account details are still required so we can directly credit any redemptions. This financial institution account is also referred to as your nominated financial institution account. If you do not provide this information, income will not be paid to you until such time that we receive details.

Financial institution
account holder
BSB

Financial institution
name
Financial institution
account number

If relevant, Trilogy Enhanced Income Fund, Trilogy Monthly Income Trust and Trilogy Industrial Property Trust investors to complete (reinvestment is not applicable to other products)

Indicate your distribution preference below.

Pay my distribution to the account noted above

Reinvest my distribution

Reinvest - other (please contact Trilogy Funds if you would like a different distribution preference for each product)

Section 6: Signature

Signature of Investor 1

Signature of Investor 2

Date

Date

Given name

Surname

Given name

Surname

Further identification checklist

If you cannot supply ID information for online verification please supply the following certified documentation (download our document Certifier List at www.trilogyfunds.com.au/forms to see who can certify your documents). Please provide one document from each of Category A and Category B below. Please note that we will require you to supply the required documentation, in acceptable format, for your application to be considered complete.

Category A

- Australian Birth Certificate
- Australian Citizenship Certificate
- Pension Card issued by Department of Human Services

Category B

- Notice from the Australian Taxation Office that shows your name and residential address (issued within the preceding 12 months)
- Notice from Commonwealth or State or Territory Government outlining financial benefits that shows your name and residential address (issued within the preceding 12 months)
- Document from local government body or utilities provider that shows your name and residential address (issued within the preceding 3 months)

See note to see our documents certifier list.

How to submit your form

Please email or post your form and all required documents to:

Trilogy Funds Management Limited investorrelations@trilogyfunds.com.au
GPO Box 1648, BRISBANE QLD 4001

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

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