SOLARIS
investment management

CHANGE OF DETAILS FORM

FUND INFORMATION

Please accept this Change of Details request with respect to my/our investment in the below Fund(s)

Solaris Australian Equity Long Short Fund ☐	**Solaris Australian Equity Income Fund** ☐

Account Name:

Account Number:

UPDATE YOUR CONTACT DETAILS

Email address:	
Mailing address:	
Mobile Phone Number:	
Home Phone Number:	
Work Phone Number:	
Fax Number:	

DISTRIBUTION ELECTION

I/we wish to have my/our distributions:

☐ reinvested as additional units in the Fund(s)

☐ paid in cash (Australian dollars only) into my/our account below:

Bank ____
Account Name ____
BSB No ____________________ Account No ____________________

NOTE: We can not transfer proceeds to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.

UPDATE YOUR BANK DETAILS

(for redemptions and distributions if applicable)

Account Name:	
BSB:	
Account Number:	
Financial Institution:	

NOTE: We can not transfer proceeds to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund, e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.

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PROVIDE YOUR TAX FILE NUMBER(S)

TFN 1	Full Name:	
	TFN:	
TFN 2 (for joint investor account)	Full Name:	
	TFN:	

NOTE: For trusts and superannuation funds – provide the TFN of the trust or super fund. TFNs for trustees cannot be accepted.

CHANGE ACCOUNT OPERATING AUTHORITY

Please indicate how you wish to operate your Account.

☐ **Any one of us to sign,** or

☐ **All of us to sign**, or

☐ **Any two of us to sign**

If you select 'any one of us to sign' each of you (including any person you appoint as an authorised representative) will be able to transact on, or otherwise operate your account independently of the others.

ADVISER ACCESS TO YOUR ACCOUNT INFORMATION

By filling in this section, you consent to give your financial adviser access (including via email) to your statements. Advisers will only be copied in on your transaction statements, investor communication and Annual Financial Reports.

Please note that once an adviser has been listed on your account, your account number will change to reflect the relevant adviser's dealer code. All other details will remain the same.

Adviser Name ____

Name of Advisory Firm and/ or Dealer Group ____

AFSL Number______________________ Adviser Number ______________________

Address ____

Suburb ____ State _______________ Postcode ___________

Phone no. (____) ________________________ Mobile no. ___________________________________

Facsimile no. (____) ________________________

E-mail address: ____

SIGNATURE(S)

All signature(s) on this form must match the signing authority currently held by the Registry for your investment account.

Where signing under a Power of Attorney, the attorney confirms that the power of attorney has not been revoked. The signature(s) must match the power of attorney document or operating authority currently held by the Registry.

Signatory 1

Signature: ___________________________________

Full Name: __________________________________

Capacity: (e.g. director, trustee) ________________________

Date:___________________________________

Signatory 2

Signature:___________________________________

Full Name: __________________________________

Capacity: (e.g. director, trustee) ________________________

Date:___________________________________

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SIGNATURE(S) *(continued)*	
<u>Signatory 3</u>	**<u>Signatory 4</u>**
Signature: ___________________________________	Signature: ___________________________________
Full Name: _________________________________	Full Name: _________________________________
Capacity: (e.g. director, trustee) _______________________	Capacity: (e.g. director, trustee) _______________________
Date: __________________________________	Date: __________________________________

Return the completed form to:

[Fund Name]
C/- RBC Investor Services Trust – Registry Operations
GPO Box 4471
Sydney NSW 2001

OR

[Fund Name]
C/- RBC Investor Services – Registry Operations
Fax: +61 2 8262 5492