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 Sh | ort Fund | Solaris Australian Equity Income Fund 🗌 | | |
| Account Name: | | | | |
| Investor Number [eight-digit 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 distribution | ons: | | | |
| 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 distribution | ons if applicable) | | | |
| Account Name: | | | | |
| BSB: | | | | |
| Account Number: | | | | |
| Financial Institution: | | | | |
| | ds, the bank account mi | ccounts. Nominated bank account name must be in the same name as the ust be in the name of the trust/super fund or refer to the name of the trust/super Fund'. | | |

| PROVIDE YOUR TAX FILE NUM | PROVIDE YOUR TAX FILE NUMBER(S) | | | | | |
|--|--|----------------------------|---|--|--|--|
| TFN 1 Full Name: | | | | | | |
| | TFN: | | | | | |
| TFN 2 (for joint investor | Full Name: | | | | | |
| account) | TFN: | | | | | |
| NOTE: For trusts and superannus | uation 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 ACCOU | 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 Dea | aler Group | | | | | |
| AFSL Number | Adviser Number | | | | | |
| Address | | | | | | |
| | | | Postcode | | | |
| Phone no. () Mobile no | | | | | | |
| Facsimile no. () | | | | | | |
| E-mail address: | | | | | | |
| SIGNATURE(S) | | | | | | |
| All signature(s) on this form mus | t match the signing authority cu | rrently held by the Regist | ry for your investment account. | | | |
| Where signing under a Power o match the power of attorney do | | • | orney has not been revoked. The signature(s) must stry. | | | |
| Signatory 1 | | Signatory 2 | | | | |
| Signature: | Signature: | | | | | |
| Full Name: | Full Name: | | | | | |
| Capacity: (e.g. director, trustee | Capacity: (e.g. director, trustee) | | | | | |
| Date: | Date: | | | | | |

.....Continue over page

| SIGNATURE(S) (continued) | |
|------------------------------------|------------------------------------|
| Signatory 3 | Signatory 4 |
| Signature: | Signature: |
| Full Name: | Full Name: |
| Capacity: (e.g. director, trustee) | Capacity: (e.g. director, trustee) |
| Date: | Date: |

Return the completed form to:

Post

Solaris Investment Management c/- Citi Unit Registry Australia GPO Box 764 Melbourne VIC 3001

Fax

[Fund Name] [Investor Name] c/- Citi Unit Registry Australia +61 1300 102 151