

# Change of details form

Pengana Capital Limited (ABN: 30 103 800 568, AFSL: 226566)

Use this form if you are an existing investor and wish to change your contact details, distribution preference, bank account details or annual report option. You only need to fill in the section that is relevant to your change.

---

**Step 1** Complete the sections in block capitals and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

Please complete the following:

- write your account number and account name as it appears on your latest statement in **section 1**
- if you are changing your contact details or tax details complete **section 2**
- if you are changing your Regular Savings Plan option complete **sections 5 and 6**
- if you are changing your Regular Withdrawal Plan option complete **sections 7 and 8**
- if you are changing your annual report option complete **section 9**
- sign the form as per the 'Signing instructions' in **section 10**.

---

**Step 2** Send your documents to us.

You can return your forms by post or email according to the details below:

Send by post:

Pengana Capital Group  
GPO Box 804  
MELBOURNE VIC 3001

Scan and email to: [transact@pengana.com](mailto:transact@pengana.com)

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

---

## 1. INVESTOR DETAILS

Account number

Account name

## 2. NEW CONTACT DETAILS

**New residential address or registered office address** - A PO Box/RMB/Locked Bag is not acceptable.

Property/building name (if applicable)

Unit  Street number  Street name

Suburb  State  Postcode  Country

**New postal address (if different to residential address)** - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit  Street number  Street name

Suburb  State  Postcode  Country

### New contact details

Home number (including country and area code)  Mobile number (including country code)

New email address (please use block letters)

This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

### Tax status

Please complete if your tax status has

- Changed Australian resident
- Non-resident (Please specify country of residence)

If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN  Reason for exemption

If you have changed your status for US tax purposes, please contact us for a Tax Information Form.

### 3. CHANGE OF DISTRIBUTION PREFERENCE

Please indicate your choice below.

Fund names	Distribution option (indicate (X) one option per fund)	
	Pay to my Australian Bank A/C	Reinvest (Default)
Pengana Australian Equities Fund	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Axiom International Fund	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Axiom International Fund (Hedged)	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Emerging Companies Fund	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Global Small Companies Fund	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Harding Loevner International Fund Class B	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Harding Loevner International Fund Class E	<input type="checkbox"/>	<input type="checkbox"/>
Pengana High Conviction Equities Fund Class A	<input type="checkbox"/>	<input type="checkbox"/>
Pengana High Conviction Equities Fund Class B	<input type="checkbox"/>	<input type="checkbox"/>
Pengana High Conviction Property Securities Fund	<input type="checkbox"/>	<input type="checkbox"/>
Pengana WHEB Sustainable Impact Fund	<input type="checkbox"/>	<input type="checkbox"/>

### 4. BANK ACCOUNT DETAILS

#### Australian bank account details

Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts.

Financial institution name

Branch name (if applicable)

Account name

BSB number

Account number

#### Regular savings plan - change of bank account

Please go to **section 5** to update your bank account details for a regular savings plan.

### 5. REGULAR SAVINGS PLAN

I/We would like to establish a regular savings plan

Please complete the table at **section 6** for your savings plan requirements.

Please note that all investments will be debited from your account on the 15th of each month or the following business day if the 15th falls on a weekend or public holiday. To add a regular savings plan or change your bank account details for an existing savings plan, please complete the below direct debit authority.

**Direct debit authority - Australian bank accounts only**

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

By completing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Pengana Capital Ltd, as set out in this Request and in your Direct Debit Request Service Agreement, a copy of which is available on [www.pengana.com](http://www.pengana.com).

Financial institution name	Branch name
<input type="text"/>	<input type="text"/>
Account name	
<input type="text"/>	
BSB number	Account number
<input type="text"/>	<input type="text"/>

I/We request and authorise Pengana Capital Ltd ABN 30 103 800 568 (User ID 502729) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by Pengana.

Signature of primary account holder

Please print full name

Date (DD/MM/YYYY)

Signature of joint account holder (if applicable)

Please print full name

Date (DD/MM/YYYY)

**6. REGULAR SAVINGS PLAN REQUIREMENTS FUND**

Fund names	Regular savings plan amount AUD\$ <small>Minimum amount: \$500</small>	Investment frequency <small>(Indicate preference with X)</small>	
		Monthly	Quarterly
Pengana Australian Equities Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Axiom International Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Axiom International Fund (Hedged)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Emerging Companies Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Global Small Companies Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Harding Loevner International Fund Class B	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Harding Loevner International Fund Class E	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana High Conviction Equities Fund Class A	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fund names	Regular savings plan amount AUD\$ Minimum amount: \$500	Investment frequency (Indicate preference with X)	
		Monthly	Quarterly
Pengana High Conviction Equities Fund Class B	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana High Conviction Property Securities Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana WHEB Sustainable Impact Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 7. REGULAR WITHDRAWAL PLAN

I/We would like to establish or update a regular withdrawal plan:

Please complete the table at **section 8** for your withdrawal plan requirements.

Please note that all withdrawals will be processed on the 15th of each month or the preceding business day if the 15th falls on a weekend or public holiday.

To add or change your bank account details for a Regular Withdrawal Plan please update your bank account details at **section 4**.

## 8. REGULAR WITHDRAWAL PLAN REQUIREMENTS

Fund names	Regular withdrawal amount AUD\$ Minimum amount: \$500	Withdrawal frequency (Indicate preference with X)	
		Monthly	Quarterly
Pengana Australian Equities Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Axiom International Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Axiom International Fund (Hedged)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Emerging Companies Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Global Small Companies Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Harding Loevner International Fund Class B	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana Harding Loevner International Fund Class E	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana High Conviction Equities Fund Class A	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana High Conviction Equities Fund Class B	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana High Conviction Property Securities Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pengana WHEB Sustainable Impact Fund	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 9. ANNUAL AND SEMI-ANNUAL REPORT OPTIONS

By email

The annual and any semi-annual financial statements of the Fund are available free on our website at [www.pengana.com](http://www.pengana.com). If you would like to receive a copy by email, please indicate below (This refers to annual and semi-annual reports only. This will not affect communication instructions regarding general correspondence for your fund).

## 10. DECLARATIONS & ACKNOWLEDGMENTS

By completing and signing this form, you:

- authorise us to act according with the instructions on this form
- acknowledge that the instructions on this formsupersede, and have priority over, all previousinstructions received by us, and
- agree to indemnify us from and against all losses, costs,expenses, claims, actions or proceedings brought against usin connection with following your instructions on this form.

### Who needs to sign this form?

**Individual** - where the investment is in one name, the account holder must sign.

**Joint Holding** - where the investment is in more than one name, all of the account holders must sign.

**Companies** - where the company has a sole director who is also the sole company secretary, this form must be signed by that person.

If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** - the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** - if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

## 11. SIGNATURE(S)

### Signature of investor 1, director or authorised signatory

Signature

Given name(s)

Surname

Date (DD/MM/YYYY)

### Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

### Signature of investor 2, director/company secretary or authorised signatory

Signature

Given name(s)

Surname

Date (DD/MM/YYYY)

### Company officer (please indicate company capacity)

- Director
- Company Secretary
- Authorised Representative

If you are investing jointly or are a joint trustee, please indicate whether a single investor can operate your account.

Yes

No