

# RARE FUNDS

## CHANGE OF DETAILS FORM



# RARE

ABN 84 119 339 052 AFSL 307727

Use this Form to change your investor account details for your investment in one of the Funds below. Please complete a separate Change of Details Form for each Account that you would like to change details for. Prior to completing this Form, please consider the current Product Disclosure Statement and Additional Information Booklet which can be found at our website [www.RAREinfrastructure.com](http://www.RAREinfrastructure.com).

If you have questions about completing this Form please contact RARE Infrastructure Limited ("RARE") on +61 2 9397 7351.

### 1. UNIT HOLDER DETAILS

Account name (in full):

For example "A Citizen Pty Ltd ATF Citizen Super Fund"

Account number:

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### 2. FUND NAME

(Please Tick  One Box)

<input type="checkbox"/> RARE Infrastructure Value Fund – Hedged <small>APIR Code: TGP0008AU</small>	<input type="checkbox"/> RARE Infrastructure Value Fund - Unhedged <small>APIR Code: TGP0034AU</small>	<input type="checkbox"/> RARE Emerging Markets Fund <small>APIR Code: TGP0015AU</small>	<input type="checkbox"/> RARE Infrastructure Income Fund - Class A Units <small>APIR Code: TGP0016AU (previously the RARE Yield Fund)</small>	<input type="checkbox"/> RARE Infrastructure Income Fund - Class B Units <small>APIR Code: SSB4647AU (previously the RARE Yield Fund)</small>
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### 3. REASONS FOR COMPLETING THIS FORM

(Please Tick  One Box)

<input type="checkbox"/> Address/Contact details	<input type="checkbox"/> Distribution election	<input type="checkbox"/> Financial institution account
<input type="checkbox"/> Information that you will receive from us	<input type="checkbox"/> Financial Adviser or Administrator details	<input type="checkbox"/> Signing authority

### 4. ADDRESS/CONTACT DETAILS

a) Residential/Registered Street Address/Principal Place of Business Address (a PO Box cannot be provided and Financial Adviser details are not accepted)

Address:	
Suburb:	State:
Country:	Post Code:

b) Contact details  Please tick  box if the same as above.

Address:	
Suburb:	State:
Country:	Post Code:
Email Address:	
Phone:	Mobile:

Under the Corporations Act 2001 (Cwlth), we are obliged to provide Product Disclosure Statements directly to the Investor or your agent, as long as your agent is not a financial adviser or representative of an Australian Financial Services License.

FORM CONTINUES NEXT PAGE

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### 5. DISTRIBUTION ELECTION

(Please Tick  One Box)

Distributions are to be:

reinvested in additional units

paid in cash to the financial institution account for this investment

Please ensure RARE have financial institution account details on file. These can be provided or updated in Section 6. Your election here will override any previous instruction.

### 6. FINANCIAL INSTITUTION ACCOUNT DETAILS

We are unable to complete your request where there is a difference between the account name and the Investor(s) name. If you provide updated financial institution account details we must receive this instruction in its original format (i.e. by post).

Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

BSB:    -

Account number:

Account Name: \_\_\_\_\_

Your financial institution account must be an Australian bank/financial institution. The Investor must be named in the account name for a payment to be made into that account.

### 7. INFORMATION THAT YOU WILL RECEIVE FROM US

(Please Tick  One Box)

We are required by law to send transaction confirmations, holding summaries and continuous disclosure documentation directly to the Investor.

Please indicate how you wish to receive this information from us:

Email:

Post:

**SARA Web – secure client website**

We do not have SARA Web access and would like to see our transactions and account balance online. You must provide an email address in Section 4.

### 8. ACCESS TO YOUR ACCOUNT INFORMATION

By completing this section you give consent to the below Financial Adviser and/or Administrator to access your information. If you change your Financial Adviser you will be issued with a new account number.

Name of Adviser: \_\_\_\_\_

AFSL#:

Name of Advisory Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Must be completed)

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_



### 9. (CONTINUED) ACCESS TO YOUR ACCOUNT INFORMATION

If you nominate an individual contact within an Advisory or Administrative Firm we deem that you give your authority to the firm and not the individual contact.

Name of Administrative Firm:	
Contact Name:	
Mailing Address:	
Suburb:	State:
Country:	Post Code:
Email Address: (Must be completed)	
Phone:	Mobile:

### 10. SIGNING AUTHORITY

(Please Tick  One Box)

For signing authority on withdrawals, transfers, switches or change of account details:

Any one Director/Investor to sign

All Investors to sign

### 11. DECLARATION & SIGNATURES

I/We acknowledge and declare that:

All the information provided on this form is true and correct;

I/We have read and understood the current Product Disclosure Statement (PDS) and Additional Information Booklet (AIB) to which the form relates;

I/We agree to be bound by the terms and conditions of the current PDS, AIB and the Constitution for each Fund in which I/we apply for units, as amended from time to time;

I/We consent to the use of my/our personal information in accordance with the 'Privacy' section of the current PDS and AIB, including the provision of information to my nominated Financial Adviser and/or Administrator;

If signing as an agent or attorney on behalf of the Investor, you warrant that you are acting under a Power of Attorney or operating authority granted by the Investor and have no knowledge of revocation or suspension of that power by the Investor or the death or mental incapacity of the Investor.

Signature

Name and company title if relevant  
(e.g. Director, Secretary)

Date:   /   /

Signature

Name and company title if relevant  
(e.g. Director, Secretary)

Date:   /   /

### 12. SEND YOUR COMPLETED INSTRUCTION TO:

#### RBC Investor Services Trust

Registry Operations

GPO Box 4471

Sydney NSW 2001

Australia

Fax +61 2 8262 5492

The information within this Form is taken at face value. Any discrepancies within the instructions are only raised through usual processing.