

## Distribution reinvestment form

**Please complete this form in black ink using BLOCK letters.**

## 1. Investor details (must be completed)

[illegible]

\* If you provide your contact number and email address we will update our records accordingly. If you are updating your mobile number, we will also require certified identification.

## 2. Change of distribution method

A. Reinvest distributions for all my Funds or investment options in this account ☐ go to section 3

B. Reinvest distributions for the Funds or investment options specified below ☐

Please specify name of Fund or investment option:


### 3. Investor signatures

- Please sign this form where indicated below. This form must be signed as per the current signing instructions we have on record. If no amendments have been made, the current signatories for the account are the individuals who signed the initial investment application form.
- If signed under power of attorney, the attorney certifies that he or she has not received notice of revocation of the power of attorney. Please include the power of attorney (or a certified copy) with this form if it has not previously been provided to Perpetual.
- For information, please call Investor Services on 1800 022 033 during business hours (Sydney time), visit **Perpetual.com.au** or email **PerpetualUTqueries@cm.mpms.mufa.com**

signature of investor 1 or company officer	signature of investor 2 or company officer
print name	print name
Capacity (company investments only)	Capacity (company investments only)
<input type="checkbox"/> Sole Director <input type="checkbox"/> Director <input type="checkbox"/> Secretary	<input type="checkbox"/> Director <input type="checkbox"/> Secretary
date	date

Please send the completed form to: **Perpetual Investments Unit Registry, Locked Bag 5038, Parramatta NSW 2124**  
or email: **PerpetualUTinstructions@cm.mpms.mufg.com**