

## **CHANGE OF DETAILS FORM**

## Post:

Resolution Capital Global Listed Infrastructure Fund c/- Automic Group GPO Box 5193 Sydney NSW 2001

Online: Alternatively, you can update your details by logging onto your investor portal (except the section Update Account Operating Authority) <a href="https://investor.automic.com.au/#/home">https://investor.automic.com.au/#/home</a> for assistance please contact Automic: 1300 902 587 or +61 2 7208 4521

Fund and Investor Information		
Holder (SRN) Number		
Investor name		
(For Funds/Trusts) Trustee name		
Please accept this Change of Details request with respect to my/our investment in the Resolution Capital Global Listed Infrastructure Fund		
Update Your Contact Details		
Email address:	☐ Additional ☐ Change	
Mailing address:		
Mobile phone no.:		
Home phone no.:		
Work phone no.:		
Facsimile no.:		
Update Your Distribution Election		
I/we wish to have my/our distributions:		
reinvested as additional units	in the Fund(s)	
paid in cash (Australian dollar	s only) into my/our account below:	
Update Your Bank Details (for redemptions and distributions if applicable)		
Account name:		
BSB:		
Account no.:		
Financial institution:		
<b>NOTE:</b> We cannot 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'.		
Provide Your Tax File Number(s)		
TFN 1	Full Name:	
	TFN:	
TFN 2 (for joint investor account)	Full Name:	
	TFN:  funds - provide the TFN of the trust or super fund. TFNs for trustees cannot be accepted.	

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Update 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.		
Update Financial Adviser Access		
By filling in this section, you consent to give your financial adviser ac Advisers will only be copied in on your transaction statements, inves		
Adviser Name:		
Name of Advisory Firm and/ or Dealer Group:		
AFSL no.: Citi A	Adviser no.:	
Address:		
Suburb:	State: Postcode:	
Phone no.: () M	obile no.:	
Facsimile no.: ()		
E-mail address:		
Signature(s)		
Signature(s)  All signature(s) on this form must match the signing authority currently he	eld by the Registry for your investment account.	
	power of attorney has not been revoked. The signature(s) must match	
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