

Change of Details Form

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.

To help assist you with filling out this form, please ensure you read and understand your fund Disclosure Documents which can be accessed via our website on www.asarep.com/dpf

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.

Your personal information will be collected, used and disclosed by us in accordance with our Privacy Policy and in accordance with the law. You can obtain a copy of our Privacy Policy via our website www.asarep.com/privacy-policy or by telephone on 1300 553 122.

1. Please ensure that you have completed the following:

- » fill in your Account number, Securityholder Reference Number (SRN) or Holder Identification Number (HIN) and account name as it appears on your latest statement in section 1
- » if you are changing your contact details complete section 2
- » if you are changing your tax status complete section 3
- » if you are changing your distribution preference complete section 4
- » if you are changing your bank account details complete section 5
- » if you are changing your annual report option complete section 6
- » sign the form as per the 'Signing instructions' in section 7

2. Send your redemption request to us:

You can return your forms by post or email

Send by post:

Registry Direct
PO Box 572
Sandringham VIC 3191

Scan and email to:

registry@registrydirect.com.au

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

1. Investor Details

Account number, Security holder Reference Number

(SRN) or Holder Identification Number (HIN)

Account name

The SRN/HIN can be found on the most recent holding statement. It's 11 characters long and usually starts with an "X" or "I".

2. New Contact Details

New residential address or registered office address
(PO Box/RMB/Locked Bag is not acceptable).

Property/Building name (if applicable)

Unit/ Level

Street Number

Street Name

Suburb

State

Post Code

Country

New postal address
(if different to residential address)

Property/Building name (if applicable)

Unit/ Level

Street Number

Street Name

Suburb

State

Post Code

Country

New Home number (include country and area code)

New Business number (include country and area code)

New Mobile number (include 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).

3. Tax Status

1. INDIVIDUALS AND SOLE TRADERS - 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.

2. COMPANIES - Please provide your company registration number (for example Australian Business Number ABN)

ABN

3. TRUSTS OR SUPERANNUATION FUNDS - Please provide information below which is applicable to you

ABN (applicable if you are a trust or a self managed superannuation fund registered with the Australian Taxation Office)

Australian Registered Scheme Number (applicable if your trust is registered with ASIC)

TFN

4. Change Of Distribution Preference

Please indicate your choice below. If you do not make a choice below, we will reinvest your distribution into the fund. Please refer to the relevant PDS or IM regarding distribution payment methods.

The latest PDS or IMs are available from the internet at www.asarep.com/dpf

Fund Name	Distribution Option	
	Pay to my Australian bank account	Reinvest
ASA Diversified Property Fund - Ordinary	<input type="checkbox"/>	<input type="checkbox"/>

5. Australian Bank Account Details

Please provide the financial institution account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to a financial institution account held in the name of the investor/s. Payments will not be made into third party financial institution accounts.

Financial Institution Name

BSB Number

Bank Account Number

Branch Name

Account Name

Regular savings plan – change of bank account

- Tick here if this account is also to be used for your regular savings plan. If this box is not ticked, we assume you do not have a regular savings plan or that you wish for your existing regular savings plan bank account details to remain unchanged.
If you wish to set up a new Regular Savings Plan or change the frequency or amount of your existing Regular Savings Plan, please call us.

Note:

- » If you wish to have money paid into the account you are updating here, please wait for confirmation of the updated details to the register before submitting the redemption form.
- » Please provide a copy of a bank statement for verification purposes.

6. Annual Reports Option

No Annual Reports

Annual Reports by Email*

* If you have elected to receive your annual reports by email, please provide your email address on section 2 of this form.

Annual Reports by Post

7. Signing Instructions

By completing and signing this form, you:

- » authorise us to act according with the instructions on this form
- » acknowledge that the instructions on this form supersede all previous instructions received by us, and
- » agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

I/We agree and acknowledge that:

- » all details in this form are true and correct
- » my/our personal information will be collected, used and disclosed by ASA Funds Management Limited in accordance with its Privacy Policy and in accordance with the law.
- » entity Declaration (to be completed by an authorised representative of the entity, such as a Director or Trustee).

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 or corporate partnerships or corporate trustees – 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.

By signing as a single director investor confirms that the company is a single director company.

Partnerships - if the account is held for a partnership THEN all partners or those authorised to sign on behalf of the partnership.

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.

Investor 1 - Director or Authorised Signatory

Signature

Full Name

DATE (DD/MM/YYYY)

 / /

Company Officer (please indicate company capacity)

Director Authorised Signatory

Sole Director and Company Secretary

Investor 2 - Director/Company Secretary or Authorised Signatory

Signature

Full Name

DATE (DD/MM/YYYY)

 / /

Company Officer (please indicate company capacity)

Director Authorised Signatory

Company Secretary