

CHANGING YOUR DISTRIBUTION PAYMENT DETAILS

Issuer: AMP Capital Investors Limited ABN 59 001 777 591 (AFSL 232497)

Change the details of your **nominated bank account** for receiving distribution payments.

Enquiries Please call our Client Services team on 1800 188 013 between 8.30am and 5.30pm Sydney time, Monday to Friday.

Please use a black pen and print in CAPITAL LETTERS.

1. YOUR DETAILS

Client number

P									
---	--	--	--	--	--	--	--	--	--

Investor name

Phone number

2. DISTRIBUTION PAYMENT METHOD

Fund(s)	Pay to bank account	or	Reinvest
Asian Equity Growth Fund	<input type="checkbox"/>		<input type="checkbox"/>
Core Infrastructure Fund	<input type="checkbox"/>		<input type="checkbox"/>
Core Property Fund	<input type="checkbox"/>		<input type="checkbox"/>
Corporate Bond Fund	<input type="checkbox"/>		<input type="checkbox"/>
Enhanced Yield Fund	<input type="checkbox"/>		
Global Infrastructure Securities Fund (Hedged)	<input type="checkbox"/>		<input type="checkbox"/>
Global Infrastructure Securities Fund (Unhedged)	<input type="checkbox"/>		<input type="checkbox"/>
Global Property Securities Fund	<input type="checkbox"/>		<input type="checkbox"/>
Small Companies Fund	<input type="checkbox"/>		
Sustainable Share Fund	<input type="checkbox"/>		<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>

3. ACCOUNT DETAILS

Please provide your account details here if you have selected to have your distribution payments direct credited to your account.

Account name

BSB

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------

Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name of financial institution

Branch address

Please tick if you would like your nominated account changed to that shown above.

Note: Only Australian bank, building society or credit union accounts can be accepted. For security, the bank account must be in the registered unitholders name. Requests for payment to third party bank accounts or that do not contain deposit account instructions will not be processed.

4. AGREEMENT AND DECLARATION

I/we:

- wish to change my/our distribution payment details as set out in this form, in accordance with the terms of the current Product Disclosure Statement(s) for the fund (s).

4A. SIGNATURE(S)

Important: If you are signing as a trustee, you warrant that, at the time of signing, you are authorised under the relevant trust deed to perform the acts contemplated by this form. If you are signing under power of attorney, you warrant that, at the time of signing, you have not received notice of revocation of that power of attorney. A certified copy of the power of attorney must be given to us with the completed form.

Signatory 1

Title Surname First name

Signing as (please tick):

- Individual Sole trader Trustee Director
 Joint investor Partner Sole director Agent Attorney
 Representative of association/co-operative/government body – please specify position (eg chairman)

Signature Date

Signatory 2

Title Surname First name

Signing as (please tick):

- Joint investor Trustee Company secretary
 Partner Director Agent Attorney (if more than 2 attorneys, please provide names and signatures)

Signature Date

Please post your completed form to:

AMP Capital Investors Limited
Reply Paid 125, PARRAMATTA NSW 2124
(no stamp required)

OFFICE USE ONLY

AMP Capital Investors Limited (ABN 59 001 777 591 and AFSL 232 497) (AMP Capital) is the Responsible Entity of the Fund(s) and the issuer of the Product Disclosure Statement (PDS) for the Fund(s), except in the case of the Core Property Fund, for which The Trust Company (RE Services) Limited (ABN 45 003 278 831) (AFSL 235 150) is the Responsible Entity and the issuer of the PDS and AMP Capital is the investment manager.

Accepted date