

CHANGING YOUR PERSONAL DETAILS

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

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. CURRENT/PREVIOUS PERSONAL DETAILS

Client number		Investor name		
<input type="text" value="P"/>		<input type="text"/>		
Title	Surname	Given name(s)	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	
Unit number	Street number	Street name	Suburb/Town	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	Country	Phone	Fax	
<input type="text"/>	<input type="text"/>	<input type="text" value="()"/>	<input type="text" value="()"/>	
Mobile	Email			
<input type="text"/>	<input type="text"/>			

2. TYPE OF CHANGE REQUIRED

Name
 Address
 Email
 Contact Phone

2A. NAME CHANGE DETAILS

Marriage
 Deed poll
 Adoption
 Divorce
 Other (please specify)

2B. NEW NAME DETAILS

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Date	
<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	

New signature is to be completed as part of Section 3 – Agreement and Declaration

2C. NEW ADDRESS DETAILS

Unit number	Street number	Street name	Suburb/Town	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	Country			
<input type="text"/>	<input type="text"/>			

2D. EMAIL CHANGE DETAILS

Email

2E. CONTACT PHONE NUMBER CHANGE DETAILS

Phone	Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. AGREEMENT AND DECLARATION

I/We declare that all the details in this form are true and correct.

3A. 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