

Update your details

Please use this form if you hold units in the Loftus Peak Global Disruption Fund ("Fund") issued by Equity Trustees Limited (ABN 46 004 031 298 / AFSL 240 975) and wish to update your personal details associated with your investment in the Fund.

This form accompanies the Product Disclosure Statement ('PDS') relating to units in the following product. The PDS contains information about investing in the Fund. You should read the PDS in its entirety before applying.

Please send completed form to Mainstream Fund Services

Email: registry@mainstreamgroup.com

Fax: +61 2 9251 3525

Mail: Mainstream Fund Services

> GPO Box 4968 Sydney NSW 2001

Questions about this form?

Call: 1300 133 451 or

Email: registry@mainstreamgroup.com

1. Investment details					
Fund name	Loftus Peak Global Disrup	otion Fund	Fund manager	Loftus Peak P	ty Limited
Unit class	N/A	Investor name			
Investor identifier*	Investor number				
please select and provide one of the following:	Securityholder Reference Number (SRN)				
	Holder Identification				
Typically, you will have a HIN if you	ils except for name and address - if u bought your units on the securitie ou applied for units directly with th	s exchange through a b	roker - this can be confirm	ned with your broker.	
2. HIN Investor verifi	cation				
This section applies to invest enable verification of your d provided to your broker.	stors who have purchased th letails with the Fund's admin			-	
Address 1					
Address 2					
Suburb			State	Postcode	
3. Contact details Please provide contact deta	ails helow:				
Home phone number	lis below.	Busines	s phone number		
Email address					
Residential address:					
Address 1					
Address 2					
Suburb			State	Postcode	
Postal address (if different to	o residential address above)):			
Address 1					
Address 2					
Suburb			State	Postcode	

4. Distribution prefer	rence details				
All future distributions are to					
Reinvested	Direct credited to my nominated bank account Paid by cheque				
5. Bank account deta					
	wing bank account to be used for all				
Distributions only	Redemptions of	Redemptions only Distributions & Redemptions			
Name of financial institution					
Branch number		Account number			
Account name					
Note: Please attach a copy of	of bank statement verifying the deta	ails provided above.			
6. Financial adviser d Please change my record to Name of adviser	letails show that my financial adviser is as	follows:			
Address of adviser					
Phone number of adviser					
Email of adviser					
Dealer Group					
Mainstream Fund Services,	details if it has not been previously provide GPO Box 4968, Sydney NSW 2001. er of Attorney* accompanies this for		Yes No		
8. TFN/ABN details					
I wish to advise the following	g:				
Tax File Number		Australian Business Number			

Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption, we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements.

For more information about the use of TFNs for investments, contact the enquiries section of your local branch of the ATO. Once provided, your TFN will be applied automatically to any future investments in the Fund/Trust where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Exempt investors should attach a copy of the certificate of exemption. For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

9. Declaration and signature

- Please sign this form below in accordance with the current signing instructions that we have on record.
- If signed under Power of Attorney*, the attorney certifies that he/she has not received notice of revocation of the Power of Attorney. Please mail a certified copy, if it has not been previously provided, to Mainstream Fund Services, GPO Box 4968, Sydney NSW 2001.

A certified copy of the Power of Attorney* accompanies this form			
Signature of Investor or Company Officer	•		
Name			
Title		Date (dd/mm/yyyy)	
Signature of Investor or Company Officer	•		
Name			
Title		Date (dd/mm/yyyy)	

^{*} Power of Attorney: a third party with authority to make investment decisions on behalf of investors.