

inveST Funds Switching Form

State Trustees Limited ABN 68 064 593 148 AFSL 238037



Please complete all pages of this form in black or blue ink, using BLOCK letters

Investor Details (must be completed)

Unitholder Number _____

Name _____

Address _____

_____ State _____ Postcode _____

Contact Phone No. _____ or _____

Switch Details (must be completed)

Switching from one Fund to another is likely to have tax consequences and it is recommended that you check with your tax adviser before switching.

If you do not specify otherwise, we will switch the amount in dollars rather than units. If you wish to withdraw the full amount, please write "ALL".

Please note that the minimum switch amount is \$1,000 for each Fund or \$2,000 if you are not currently an investor of the Fund in which you are switching to. If the switch would cause your investment in a Fund to fall below \$1,000 in the Fund, we reserve the right to treat your instruction as an instruction to switch your full investment in that Fund.

I wish to switch my investments from:

Name of Fund	APIR code	Dollars	<u>OR</u>	Units
inveST Diversified Income Fund	STT0010AU	\$		
inveST Balanced Fund	STT0009AU	\$		
inveST Property Fund	STT0012AU	\$		
inveST Australian Equity Fund	STT0013AU	\$		
inveST International Equity Fund	STT0011AU	\$		
TOTAL		\$		

I wish to switch my investments to:

	Dollars	<u>OR</u>	%	Please distribute my income as follows*:	
				Reinvest in Fund	Pay to Bank account
inveST Diversified Income Fund	\$			<input type="checkbox"/>	<input type="checkbox"/>
inveST Balanced Fund	\$			<input type="checkbox"/>	<input type="checkbox"/>
inveST Property Fund	\$			<input type="checkbox"/>	<input type="checkbox"/>
inveST International Equity Fund	\$			<input type="checkbox"/>	<input type="checkbox"/>
inveST Australian Equity Fund	\$			<input type="checkbox"/>	<input type="checkbox"/>

* If no selection is made, distributions will be as per your previous instructions or reinvested as additional units if no original instructions were provided.

invest Funds Switching Form

State Trustees Limited ABN 68 064 593 148 AFSL 238037



Distribution Details (must be completed if nominating distributions to be paid to bank account)

Financial Institution: _____

Branch _____

BSB _____ - _____ Account number _____

Account name _____

Investor's Signature(s) (must be completed)

Declaration, Applicant Signature/s and Authorisation of Account Signatories

- I/We have read and understood the Product Disclosure Statement (the PDS) dated 1 January 2009 to which this Switching Form applies.
- Where this application has been signed under a power of attorney, that the signing attorney verifies that there is no revocation of that power at the time of signing the Switching form. A certified copy of the power of attorney is submitted with this Switch Form unless otherwise sighted.

Signed Investor A

Signature

Name

Date

Capacity (For example: investor, power of attorney, legal personal representative, company secretary, director, sole director/ secretary, partner or trustee, whichever is applicable.)

Signed Investor B

Signature

Name

Date

Capacity (For example: investor, power of attorney, legal personal representative, company secretary, director, sole director/ secretary, partner or trustee, whichever is applicable.)

Contacting State Trustees

You can return this form by mail

Mail

invest Funds
State Trustees Limited
GPO Box 1461
Melbourne VIC 3001

For more information

1300 138 672 or
(03) 9667 6444
9am to 5pm (EST) Monday to Friday

Office Use Only

STRATIS Product No.

STRATIS Product Manager

State Trustees Fund Services Use Only

Price/Trade Date:

Processed By

Verified By