

Responsible Entity: Equity Trustees Limited | ABN 46 004 031 298 | AFSL No: 240975 Investment Manager: Cooper Investors Pty Ltd | ABN 26 100 409 890 | AFSL No: 221794



## **Switch Request Form**

## **Switch Request - Retail**

Use this form if you are an existing investor and wish to switch your investment between the Funds.

Complete all sections in BLOCK letters using a black pen. If you make an error while completing this form, do not use correctional fluid. Cross out your mistakes and initial your changes.

- 1. Read and ensure you understand the Product Disclosure Statement (PDS) for each Fund you are switching to The PDS is available on our website www.cooperinvestors.com or from your financial adviser.
- 2 Please ensure that you have completed the following:
  - Entered your investor number and investor name in section 1 as they appear on your latest statement
  - entering you switching details, including the dollar value you wish to switch
  - ticked the 'Existing instructions' box (if applicable) in section 4 and
  - signed the form as per the 'Signing instructions' in section 5

## 3. SEND YOUR DOCUMENTS

Return your Application Form and certified documents to:

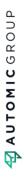
**By Email:**Cooper Investors Pty Ltd
cooperinvestors@automicgroup.com.au

By Post: Cooper Investors Pty Ltd GPO Box 5193 Sydney NSW 2000



Need help with your switch? Please contact us on: Email: cooperinvestors@automicgroup.com.au Phone (within Australia): 1300 124 068 Phone (outside Australia): +61 (0)2 8072 1428

4 100/50700 05700							
1. INVESTOR DETAILS							
Investor Number		Investor N	Investor Name				
2. SWITCH FROM							
Please select the Fund(s) and spe	ecify the numl	ber of units or dollar:	amount v	you wish to switch. If you	wish to switch vo	our entire unit	holding, please
tick the box provided next to the	-		,	,			
Note, minimum balances apply.	Please refer to	o the Fund's Product	Disclosu	re Statement. If your swite	ch request causes	s your balance	in a Fund to be
lower than the minimum, we wil					·	•	
Fund Name		APIR code	Dollar A	Amount to be Switched	Number of Units to be		Full Switch
			\$AUD		Switched		(x)
Cooper Investors Global Equities Fund (Hedged)		CIP0001AU					
Cooper Investors Global Equities Fund (Unhedged)		CIP0003AU					
Cooper investors Giobal Equities Fund (Unineageu)		CII 0003A0					
		I		L			
3. SWITCH TO							
Please select the Fund(s) and spec	ify the numbe	r of units or dollar amo	ount you	wish to switch into each Fu	nd. If you wish to	switch your en	tire unit
holding, please tick the box provice							
Note, minimum balances apply. Pl	ease refer to t	he Fund's Product Disc	closure St	tatement.			
Fund Name	APIR code	Dollar amount to be	switched	Number of Units to be Switched	Full Switch (x)	Distributi	on Option
ruliu Name		\$AUD				Reinvest	Paid to nominated
						nevest	bank account
Cooper Investors Global Equities	CIP0001AU						
Fund (Hedged)							
Cooper Investors Global Equities Fund (Unhedged)	CIP0003AU						
runa (Officagea)							
4. EXISTING INSTRUCTIONS							
	6	our existing instruction	ns (report	ting preferences and financi	ial institution acco	ount details) co	
If you tick this box, you				ing preferences and infanci			ntinue to
If you tick this box, you apply to your investmer				ang preferences and infanta		,	itinue to
apply to your investmer	nt in the Fund(	s) you are switching to s, this can be complete	ed throug	th the Automic Investor Por			



## **5. SIGNING INSTRUCTIONS**

Applicants must sign in accordance with the instructions below in the boxes provided INSTRUCTIONS – Who needs to sign this form:

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Individual	Where the investment is in one name, the sole investor must sign.
Individual Trustee	Where the investment has one individual trustee, the trustee must sign.
Multiple Trustees	Where the investment has more than one individual trustee, all trustees must sign.
Joint Holding	Where the investment is in more than one name, all investors must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.
Companies / Corporate Trustee	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.
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 signing under a Power of Attorney and you have not already lodged the Power of Attorney document, please attach a certified copy of the Power of Attorney annotated with the following: I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of investor 1, director or authorised signatory	Signature of investor 2, director/company secretary or authorised signatory			
Please print full name	Please print full name			
Date	Date			
1 1	/ /			
Company officer (please indicate company capacity):	Company officer (please indicate company capacity):			
Director	Director			
Sole director and company secretary	Company secretary			
Authorised signatory	Authorised signatory			