

Switch Request Form

Switch Request - Wholesale

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 Information Memorandum (IM) for each Fund you are switching to

The IM 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

1. INVESTOR DETAILS

Investor Number

Investor Name

2. SWITCH FROM

Please select the Fund(s) and specify the number of units or dollar amount you wish to switch. If you wish to switch your entire unit holding, please tick the box provided next to the applicable Fund(s).

Note, minimum balances apply. Please refer to the Fund's Information Memorandum. If your switch request causes your balance in a Fund to be lower than the minimum, we will contact you as we will be unable to process your request.

Fund Name	APIR code	Dollar Amount to be Switched \$AUD	Number of Units to be Switched	Full Switch (x)
CI Brunswick Fund	CIP0002AU			<input type="checkbox"/>
Cooper Investors Family and Founder Fund	CIP4943AU			<input type="checkbox"/>
CI Australia Equities Fund (CI Aust Equities Fund Class 1)	CIP0005AU			<input type="checkbox"/>
Cooper Investors Endowment Fund	CIP0006AU			<input type="checkbox"/>
Cooper Investors Global Endowment Fund	CIP7184AU			<input type="checkbox"/>
Cooper Investors Endeavour Fund *	CIP3212AU			<input type="checkbox"/>

*Units may be switched out on the last day of each month. In the normal course of business, at least 30 days written notice of intention to switch is required prior to the requested switching date.

3. SWITCH TO

Please select the Fund(s) and specify the number of units or dollar amount you wish to switch into each Fund. If you wish to switch your entire unit holding, please tick the box provided next to the applicable Fund(s) you wish to switch into.

Note, minimum balances apply. Please refer to the Fund's Information Memorandum.

Fund Name	APIR code	Dollar amount to be switched \$AUD	Number of Units to be Switched	Full Switch (x)	Distribution Option	
					Reinvest	Paid to nominated bank account
CI Brunswick Fund #	CIP0002AU			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooper Investors Family and Founder Fund	CIP4943AU			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CI Australian Equities Fund (CI Aust Equities Fund Class 1)	CIP0005AU			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooper Investors Endowment Fund	CIP0006AU			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooper Investors Global Endowment Fund	CIP7184AU			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooper Investors Endeavour Fund	CIP3212AU			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The CI Brunswick Fund is currently closed to new and additional subscriptions. Should you wish to subscribe for units in this Fund, please contact Cooper Investors directly.

4. EXISTING INSTRUCTIONS

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If you tick this box, you confirm that your existing instructions (reporting preferences and financial institution account details) continue to apply to your investment in the Fund(s) you are switching to.

If you wish to change your instructions, this can be completed through the Automic Investor Portal. These instructions can also be changed by completing the change of details form, also available through the Automic Investor Portal.

5. SIGNING INSTRUCTIONS

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

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

Please print full name

Date

Company officer (please indicate company capacity):

- ☐ Director
- ☐ Sole director and company secretary
- ☐ Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date

Company officer (please indicate company capacity):

- ☐ Director
- ☐ Company secretary
- ☐ Authorised signatory