



Client Services contact details

Phone
+61 3 9691 6191

Email
invest@k2am.com.au

Website
www.k2am.com

Change of distribution preference

Use this form if you are an existing investor and wish to change your distribution preference.

1. Please complete all sections in block capitals and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

Please double check that you have completed the following:

- entered your account number and account name as it appears on your latest periodic or transaction statements
- selected your distribution preference
- provided your bank account details if you have selected distributions to be paid into a bank account
- signed the form as per the 'Signing instructions' in section 4.

2. Send your documents to us.

You can return your form by post, fax or email according to the details below.

Send by Post: K2 Asset Management
GPO Box 804
Melbourne VIC 3001
Australia

Fax forms to: +61 3 8672 7663

Scan and email to: k2am_transactions@onevue.com.au

Please include your account number in the subject line of your email

Legal notices

K2 Asset Management Ltd AFSL No. 244393 is the issuer of units in the K2 Asian Absolute Return Fund, K2 Australian Absolute Return Fund and K2 Select International Absolute Return Fund (together Funds).

K2 Asset Management Ltd is committed to ensuring the confidentiality and security of your Personal Information. We handle your Personal Information in accordance with the Privacy Act 1988 and Privacy Policy, which can be accessed on our website www.k2am.com

Change of distribution preference

1. Investor details

Account number

Account name

2. Change of distribution instructions

Please indicate your choice below. If you do not make a choice below, we will reinvest your distribution into the fund.

	Reinvest	Pay to my bank account
K2 Asian Absolute Return Fund	<input type="checkbox"/>	<input type="checkbox"/>
K2 Australian Absolute Return Fund	<input type="checkbox"/>	<input type="checkbox"/>
K2 Select International Absolute Return Fund	<input type="checkbox"/>	<input type="checkbox"/>

3. Bank account details for distribution

Australian bank account details

Please provide the Australian bank account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to a bank account held in the name of the investor/s. Payments will not be made into third party bank accounts.

Bank name

Branch name

BSB number

-

Account number

Bank account name

Foreign bank account details

Please provide bank account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to a bank account held in the name of the investor/s. Payments will not be made into third party bank accounts.

Bank name

Bank address

Bank account name

Account number

SWIFT/BIC

Due to the complexity of foreign bank accounts, we may need to contact you for more information.



Change of distribution preference

4. Signing instructions

By completing and signing this form, you:

- authorise us to act according with the instructions on this form
- acknowledge that the instructions on this form supersede, and have priority over, all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

Who needs to sign this form

Individual — where the investment is in one name, the account holder must sign.

Joint Holding — where the investment is in more than one name, all of the account holders must sign.

Companies — 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 you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of investor 1, director or authorised signatory

Please print full name

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory

