

# **Contact details**

### **Responsible Entity**

PPF Asset Management Limited ABN 87 099 091 960, AFSL 229 696 Offices 209 - 210 20 Convention Centre Place South Wharf VIC 3006

Telephone (	61 3) 9690 1500
Facsimile (	61 3) 9690 1544
Email f	unds@ppf.com.au
Web v	ww.ppf.com.au

## Switching Form

You must read the	e attached Product D	Disclosure Statement upd	ated 8 Mai	rch 2023 before com	pleting this Form	
A. Investor Detail	s					
Investor Number  Account Name						
B. Contact Details						
Street/Unit/PO Box Nu Suburb/City Account Designation		Street		State	Postcode	
Contact Numbers Home Mobile E-mail			Vork Fax			
C. Switching Deta	ails					
Specify the amounts you wish to switch below. A minimum switch amount of \$10,000 per Fund applies. You must maintain a minimum amount of \$20,000 per Fund. If you would like to switch the full amount from or to a particular option, please write "FULL" in the relevant columns.  Please select the Fund you wish to switch <u>from</u> :  Please select the Fund you wish to switch <u>to</u> :						
No. Units	\$ Amount	PPF Investment F	und	No. Units	\$ Amount	
		PPF Enhanced Income Fund				
		PPF Diversified Growth Fund				
		TOTAL				
v		ee payable on the Net Asset financial or taxation adviser p		•	taxation	

You must read the attached Product Disclosure Statement updated 8 March 2023 before completing this Form

### **D. Declaration and Signatures**

When you complete this Switching Form you make the following declarations, representations, warranties and acknowledgments:

• You have received and read both PDSs to which this Switching Form applies and have received and accepted the offer to invest in Australia or otherwise in a jurisdiction in which it is lawful for you to receive and accept the offer to invest.

• You are at least 18 years of age.

• All details provided by you in this Switching Form are true and correct.

• You are bound by the terms and conditions of the current PDS and of the constitution of the Fund, as amended, reissued or replaced from time to time.

• No one guarantees the repayment of capital invested in the Fund, the performance of nor any particular return from the Fund and you understand the risks involved in investing in the Fund.

• That units may be redeemed or monies deducted from your withdrawal proceeds without you asking in order to pay any fees owing to any person and you authorise the Responsible Entity to redeem such number of units or deduct such monies as is necessary to meet any fees you owe any person. You acknowledge this may have tax consequences for your investment in the Fund.

 The Responsible Entity may be required to pass on information about you or your investment to the relevant regulatory authority in compliance with anti-money laundering laws and relevant taxation legislation. You will provide such information and assistance that may be requested by the Responsible Entity or any other person to comply with their obligations under anti-money laundering laws and relevant taxation legislation and you indemnify them against any loss caused by your failure to provide such information or assistance.

• The monies used to fund your investment in the Fund are not derived from or related to any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of your investment in the Fund will not be used to finance any illegal activities.

 Any personal information you provide will be collected and handled in accordance with the Responsible Entity's privacy policy. By submitting this form or any other paperwork relating to your investment you consent to your personal information being collected and handled in accordance with that policy.

For joint application, each individual must sign. For Individual Trustee Trust / Superannuation Funds, each individual trustee must sign. For Company / Corporate Trustee Trust / Superannuation Funds, 2 directors, a Director and Secretary or Sole Director must sign.

Investor type:	Investor type
Date	Date
Name	Name
Signature	Signature

Individual Director/Secretary Partner Trustee

Please return your completed form to: PPF Asset Management Limited Offices 209-210 20 Convention Centre Place South Wharf VIC 3006

#### ρ.

Individual Director/Secretary Partner Trustee