



Switching Form

PPF Enhanced Income Fund
 PPF Diversified Growth Fund

You must read the attached Product Disclosure Statement updated 22 June 2015 before completing this Switching Form

A. Investor Details

Investor Number

Account Name

B. Contact Details

Street/Unit/PO Box Number

Street

Suburb/City

State

Postcode

Account Designation e.g. Superannuation Fund

Contact Numbers

Home

Work

Mobile

Fax

E-mail

C. Switching Details

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 \$10,000 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 from :			Please select the Fund you wish to switch to :		
No. Units	\$ Amount	PPF Investment Fund	No. Units	OR	\$ Amount
		PPF Enhanced Income Fund			
		PPF Diversified Growth Fund			
		TOTAL			

Note: Switching will activate a buy/sell spread fee payable on the Net Asset Value of the Funds and may have taxation consequences. You should consult your financial or taxation adviser prior to switching between Funds.

PPF Asset Management Limited
AFSL #229696
Offices 209 - 210
20 Convention Centre Place
South Wharf VIC 3006



Asset Management Limited

Telephone (61 3) 9690 1500
Facsimile (61 3) 9690 1544

E-mail funds@ppf.com.au

Switching Form

PPF Enhanced Income Fund
PPF Diversified Growth Fund

D. Declaration and Signatures

I/We hereby agree to be bound by the provisions of this Product Disclosure Statement/s (and any amendments or updates) and the terms of the applicable Constitution/s. I/We acknowledge that investments in the Funds are subject to investment risk, including possible delays in repayment and loss of income or principal invested.

I/We further acknowledge that the Responsible Entity, its related entities, directors or officers do not guarantee the performance of the Funds, nor any particular rate of return for any Fund, nor the repayment of capital from any Fund.

I/We hereby declare that I/we have received and carefully read a copy of the current Product Disclosure Statement/s for the Funds. I/We declare that all the details in this Additional Investment Form are true and correct.

Signature

Name

Date

Signature

Name

Date

Investor type:

- Individual
- Director/Secretary
- Partner
- Trustee

Investor type:

- Individual
- Director/Secretary
- Partner
- Trustee

Note: Joint applications must be signed by both applicants. Company applications must be signed by a director or where applicable, two directors or a director and the secretary.

Please return your completed Application for Investment Form to:

PPF Asset Management Limited
Offices 209-210
20 Convention Centre Place
South Wharf VIC 3006