

CHANGE OF DISTRIBUTION PREFERENCE FORM

Issued 30 August 2021

Funds

- Tyndall Australian Share Concentrated Fund
ARSN 143 598 556
- Tyndall Australian Share Income Fund
ARSN 133 980 819
- Tyndall Australian Share Wholesale Fund
ARSN 090 089 562
- Yarra Australian Bond Fund
ARSN 098 736 255
- Nikko AM Global Share Fund
ARSN 092 026 269
- Nikko AM ARK Global Disruptive Innovation Fund
ARSN 627 341 744
- Nikko AM New Asia Fund
ARSN 116 556 113

Contact details

Yarra Capital Management Investor Services

Address: GPO Box 804
Melbourne VIC 3001

Phone: 1800 251 589
8.30am to 5.30pm (Sydney time)
Monday to Friday

Fax: 1300 362 722

Email: transactions@yarracm.com

Web: www.tyndallam.com
(for Tyndall funds)

www.yarracm.com
(for Yarra and Nikko AM funds)

2. Change of distribution instructions

If you would like to change your current instructions for receiving distributions from a Fund or Funds please mark the applicable box(es) below with an X.

Fund name	Reinvest	OR	Pay to my nominated account
Tyndall Australian Share Concentrated Fund	<input type="checkbox"/>		Please provide account details in Section 3
Tyndall Australian Share Income Fund	<input type="checkbox"/>		<input type="checkbox"/>
Tyndall Australian Share Wholesale Fund	<input type="checkbox"/>		<input type="checkbox"/>
Yarra Australian Bond Fund	<input type="checkbox"/>		<input type="checkbox"/>
Nikko AM Global Share Fund	<input type="checkbox"/>		<input type="checkbox"/>
Nikko AM ARK Global Disruptive Innovation Fund	<input type="checkbox"/>		<input type="checkbox"/>
Nikko AM New Asia Fund	<input type="checkbox"/>		<input type="checkbox"/>

3. Australian financial institution account details (if applicable)

Please provide details of the account you would like your distributions paid into. Payments will only be made to an Australian bank, credit union or building society account held in the name(s) of the investor(s). Payments will not be made to a third-party or credit card account.

Please make distributions to my/our previously nominated financial institution account

or

Please make distributions to the financial institution account nominated below

Please note, the account you nominate below will replace any account previously nominated and will also be used for payment of any future withdrawal amounts, unless you request otherwise.

Australian account details

Financial institution name

Branch name

BSB number

-

Account number

Account name



4. Signatures

Signing instructions

Individual – where the investment is in one name, the investor must sign.

Joint Holding – where the investment is in more than one name, all investors must sign, unless previously nominated otherwise.

Company – two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary. Please indicate the capacity in which the form is signed.

Trust – the trustee(s) must sign. Trustees signing on behalf of a trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the applicable 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. If signing under a Power of Attorney you verify that the Power of Attorney has not been rescinded or revoked.

By completing and signing this form, I/we:

- authorise YIML to act in accordance with the instructions on this form
- acknowledge that the instructions on this form supersede, and have priority over, all previous instructions provided by me/us, and
- agree to indemnify YIML from and against all losses, costs, expenses, claims, actions or proceedings brought against YIML in connection with following my/our instructions on this form.

Signature of Investor 1 / Director / 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 / 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