

PLEASE USE THIS FORM IF YOU ARE AN EXISTING INVESTOR AND WISH TO CHANGE YOUR CONTACT DETAILS, BANK ACCOUNT DETAILS, DISTRIBUTION PREFERENCE OR ANNUAL REPORT OPTION.



### 1. Please complete all sections in capital letters, using a black pen.

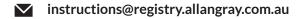
Please complete the following:

- enter your account number and account name as it appears on your latest statement in section 1
- if you are changing your contact details complete section 2
- if you are changing your tax status or tax details complete section 4
- if you are changing your bank account details complete section 5
- if you are changing your distribution preference complete section 6
- if you are changing your annual report option complete section 7
- sign the form as per the 'Signing instructions' in section 8.



### 2. Send your documents to us.

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



Allan Gray Funds Unit Registry
GPO Box 804
Melbourne VIC 3001
Australia

### SHOULD YOU REQUIRE ANY ASSISTANCE PLEASE CONTACT US:

**(**, **1300 604 604** (within Australia)

✓ clientservices@allangray.com.au

+61 2 8224 8604 (outside Australia)

allangray.com.au

### **Legal notices**

Equity Trustees Ltd AFSL No. 240975 (EQT) is the issuer of units in the Allan Gray Australia Equity Fund, Allan Gray Australia Balanced Fund and the Allan Gray Australia Stable Fund (together Funds).

Personal information is collected on this form by EQT and Allan Gray including their delegates, such as OneVue Fund Services Pty Ltd and Orbis, (together us), for the purposes of maintaining the register of unitholders, facilitating distribution payments and other unitholder communications required or permitted by the Corporations Act 2001 or other legislation. Your personal information may be disclosed to external service companies such as print or mail service providers, to Allan Gray, Orbis or to the Funds' custodian, or as otherwise required or permitted by law. If you would like details of your personal information held by us, or you would like to correct information that is inaccurate, incorrect or out of date, please contact Allan Gray. Our privacy policy is available on our website, www.allangray.com.au In accordance with the Corporations Act 2001, you may be sent material (including marketing material) approved by EQT, Allan Gray or Orbis in addition to general corporate communications. You may elect not to receive marketing material by contacting Allan Gray using the details on this form. Allan Gray means Allan Gray Australia Pty Ltd AFSL No. 298487 as manager for the Funds. Orbis means Orbis Investment Advisory Pty Ltd AFSL No. 237862 and its associates.



1. INVESTOR DETAILS					
Account number					
Account name					
2. NEW CONTACT DETAIL	S				
Name of contact					
New residential address o	or registered offic	e address. A PC	Box/RMB/Locked Bag is	s not acce	ptable.
Property name/building n	ame (if applicable)				
Address					
Suburb		State	Po	ostcode	
Country					
New postal address (if diffi	ferent to resident	ial address) or r	egistered office address	<b>s.</b> A PO Bo	ox/RMB/Locked Bag
Property name/building n	ame (if applicable)				
Address (or PO Box or other mail details if applicable)					
Suburb		State	Po	ostcode	
Country					
New email address (please t	use block letters)				
By providing your email a transaction confirmations, Communication outlined in	statements, repo	orts and other i	material) and you agree	to the T	erms for Electronic
New contact details					
Home number (include count	ry and area code)	+			
Business number (include country and area code)					
Mobile number (include cour		+			
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### 3. COMMUNICATION

The easiest way to stay up-to-date on the latest news and views about Allan Gray, our Funds and services is to sign up to receive our general communications.

to receive our general co	ommunications.	
Typically we send one ecompany news and insig		ch includes our latest Fund Fact Sheets, the Quarterly Commentary, ent team.
I do not wish to rec	eive Allan Gray updat	es and information.
4. TAX FILE NUMBERS,	AUSTRALIAN BUSIN	ESS NUMBERS OR EXEMPTIONS
Please complete if your	tax status or tax detai	ils have changed.
Australian resident		
Non-resident		
If you are not an Austral	ian resident for tax pu	urposes, please indicate your country of residence for tax purposes.
Individuals and Sole Tr	aders	
•		er (TFN) or reason for exemption. If you are an Australian resident and tion, you will be taxed at the highest marginal tax rate plus the Medicare
TFN		
Reason for exemption		
Companies		
Please provide your con	npany registration nur	mber (for example ABN).
Registration number		
Trust or superannuation	n Funds	
Please provide the below	w information which is	s applicable to you.
Australian Business Number (ABN) - applicable if you are a trust or a self-managed superannuation Fund registered with the Australian Tax Office		
Australian Tax File Number (TFN)		
Australian Registered Scheme Number (ARSN) - applicable if your trust is registered with ASIC		



#### **5. NEW BANK ACCOUNT DETAILS**

### Australian bank account details

Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. We will also require a copy of your **bank statement** for verification of these account details. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts.

Bank name	
Branch name	
BSB number	
Account number	
Bank account name	
Tick here if the abo	change of bank account  ove bank account is also to be used for your regular savings plan. If this box is not ticked, we t have a regular savings plan or that you wish for your existing regular savings plan bank remain unchanged.
Foreign bank account of	details
account in the name(s)	wish to provide details for future redemptions. We will only pay cash proceeds to a bank of the investor(s). We will not make any payments into third party bank accounts. Please ank statement for verification of these account details.
Foreign bank accounts o	cannot be used for regular redemption plans or payment of distributions.
Bank name	
Bank address	
Bank account name	
Account number	
SWIFT/BIC	
ABA/FED (US)	
IBAN (Europe)	

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



#### 6. CHANGE OF DISTRIBUTION PREFERENCE

We can only pay distributions into Australian bank accounts.

	REINVEST	PAY TO MY BANK ACCOUNT	
Allan Gray Australia Equity Fund — Class A			
Allan Gray Australia Equity Fund — Class B			
Allan Gray Australia Balanced Fund			
Allan Gray Australia Stable Fund			
7. FUND ANNUAL FINANCIAL REPORT OPT	TIONS		
Please indicate if you wish to receive the Functions. You can access the latest report from w	•	tion is made, we will not send you a	
I would like to receive the Fund annual fi	nancial report by email.		
I would like to receive the Fund annual financial report by post.			

#### 8. ACKNOWLEDGEMENTS AND SIGNATURES

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 we have received, 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.

### Signing instructions

**Individual/Sole Trader** — 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 this form is signed.

**Trust** — the trustee(s) must sign this form, as permitted by the trust deed (for example if the deed says two trustees must sign, then this form must be signed by two trustees). If the trustee is a company, then the signing instructions under 'Companies' apply. 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 copy of the Power of Attorney, certified on every page. You will also need to give us a certified copy of photo identification to satisfy Anti-Money Laundering requirements.



Director or authorised signatory	Director/company secretary or authorised signatory	
Full name(s)	Full name(s)	
Date	Date	
DD/MM/YYYY	DD/MM/YYYY	
Company officer (please indicate company capacity)	Company officer (please indicate company capacity)	
Director	Director	
Sole director and company secretary/sole trader	Company secretary	
Authorised signatory	Authorised signatory	