

INVESTMENT SWITCH FORM

The current Product Disclosure Statement ('PDS') and Additional Information to the PDS of the Antipodes Global Fund, Antipodes Global Fund – Long Only and Antipodes Emerging Markets (Managed Fund) ('Antipodes Funds') can be found on our website www.antipodespartners.com/funds or you may contact us on **1300 010 311** or via email service@pinnacleinvestment.com.

Online Form: Investment requests can also be lodged via the online [Investor Portal](#).

Please read the PDS and if applicable, the Additional Information to the PDS of the relevant fund before switching investments.

Account details						
Investor Number (eight-digit number):						
Investor Name:						
Switch details						
Please tick the appropriate box below:						
From:						
<input type="checkbox"/> Antipodes Emerging Markets Fund	<input type="checkbox"/> Antipodes Global Fund	<input type="checkbox"/> Antipodes Global Value Fund (Hedged)	<input type="checkbox"/> Antipodes Global Value Fund -			
To:						
<input type="checkbox"/> Antipodes Emerging Markets Fund	<input type="checkbox"/> Antipodes Global Fund	<input type="checkbox"/> Antipodes Global Value Fund (Hedged)	<input type="checkbox"/> Antipodes Global Value Fund			
Switch amount:	\$	Switch percentage:	%	OR	No. of units:	units
Please note:						
<ul style="list-style-type: none"> The minimum initial investment for each Antipodes Partners Fund is \$25,000 and the minimum additional investment is \$5,000. A switch operates as a withdrawal of units in one fund and the investment of units in the other fund and therefore may have taxation implications. There is no switching fee applicable. However, a buy/sell spread will apply at the time of the switch. Switch requests received prior to 12:00pm (Sydney time) on a business day are deemed to be received that day, requests received after 12:00pm (Sydney time) are deemed to be received the next business day. A 100% switch out of a fund is equivalent to a full redemption and your account for that fund will be closed. If the remaining balance in a fund is below the minimum investment balance after the switch, we may treat the withdrawal request as being for your entire investment in that fund. 						
Income distribution						
Please nominate how you would like any income distributions from the fund you are switching into, to be paid.						
If you are an existing investor in that fund, your nomination below will override any existing instructions. Income distribution is automatically reinvested unless otherwise instructed.						
<input type="checkbox"/> Reinvest distributions in the fund being switch into; or						
<input type="checkbox"/> Credit to the bank account nominated below						
Financial Institution:		Account Name:				

Investor declaration

All signature(s) on this form must match the signing authority currently held by the Registry for your account.

By signing this form, I/we declare that I/we:

- have read and understood in full the relevant PDS and Additional Information to the PDS to which this application relates, which is available at www.antipodespartners.com;
- agree to be bound by the terms, conditions and acknowledgements contained in the PDS as well as the relevant Additional Information to the PDS and agree that they form part of this declaration;
- have read, understood and agree to all declarations, conditions and acknowledgements contained in the PDS and relevant Additional Information to the PDS, specifically the terms and conditions in the 'Additional Information' section of the PDS or relevant Additional Information to the PDS;
- acknowledge that the Responsible Entity may require us to provide any additional documentation or other information to enable compliance with any laws relating to anti-money laundering and counter terrorism financing ('AML/CTF') or any other law, including the Foreign Account Tax Compliance Act ('FATCA');
- acknowledge, accept and declare that all the details given in this application are true and correct, and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- have received and accepted this offer in Australia or New Zealand;
- certify that if we are signing under a Power of Attorney, the Power of Attorney has not been revoked;
- confirm that the details of my/our investment can be provided to the specified adviser group by the means and format that they direct;
- acknowledge that switching from one fund to another could give rise to realised capital gains which may be taxable;
- understand that a switch between the funds may take up to 7 business days to effect; and
- acknowledge that a 100% switch out of a fund is equivalent to a full redemption, and my/our account for that fund will be closed.

Signatory 1

Signature: _____
 Full Name: _____
 Capacity: (e.g. director, trustee) _____
 Date: _____

Signatory 2

Signature: _____
 Full Name: _____
 Capacity: (e.g. director, trustee) _____
 Date: _____

Signatory 3

Signature: _____
 Full Name: _____
 Capacity: (e.g. director, trustee) _____
 Date: _____

Signatory 4

Signature: _____
 Full Name: _____
 Capacity: (e.g. director, trustee) _____
 Date: _____

Return the completed form to:

Antipodes Partners Limited
 c/- Citi Unit Registry Australia
 GPO Box 764
 Melbourne VIC 3001

OR

[Fund Name] [Investor Name]
 c/- Citi Unit Registry Australia
 +61 1300 102 151