

Change of Details Form

Max Alpha
Opportunities Fund

Instructions for Completing the Change of Details Form

Please use this form if you are an existing investor in Max Alpha Opportunities Fund (**the Fund**) and wish to make change to your contact details, bank account details, tax status or reinvestment option.

1. You should read and ensure that you understand the Information Memorandum (**IM**) and relevant additional information for the Fund before completing this form. Terms used in this form have the same meaning as defined in IM.
2. Complete all relevant sections of this Change of Details Form in block letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.
3. Please ensure you have completed the following:
 - (1) Write your account number and account name as it appears on your latest statement in Section A.
 - (2) **If you are changing your contact details**, please complete section B.
 - (3) **If you are changing your bank account details**, please complete section C.
 - (4) **If you are changing your tax status**, please complete section D.
 - (5) **If you are changing your reinvestment option**, please complete section E.
 - (6) Sign this form as per the instruction in section F.
4. The Completed Change of Details Form should be returned, either by email or by post using the details below:

By email to: funds@maxalpha.com.au

Or by post:

Max Alpha Fund Management Pty Ltd

Level 28, One International Towers, Tower 1, 100 Barangaroo Avenue, Barangaroo, NSW 2000

Section A – Investor Details

Investor Name:

Investor Number:

Section B – New Contact Details

New Residential Address

* If your residential address is updated, please provide a proof of address document certified within last 3 months of completing this form.

Unit Number:	<input type="text"/>	Street Number:	<input type="text"/>
Street Name:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
Post Code:	<input type="text"/>	Country:	<input type="text"/>

New Mailing Address (complete the following if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Unit Number:	<input type="text"/>	Street Number:	<input type="text"/>
Street Name:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
Post Code:	<input type="text"/>	Country:	<input type="text"/>

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New Contact Details

* Include country and area code for contact numbers

Mobile Number: Home Number:

Email Address:

Section C – Back Account Details

Name of Bank:

Branch Name:

Account Name:

BSB Number: Account Number:

SWIFT Code (if any):

Section D – Tax Status

For Individuals and Sole Traders

Please complete if your tax status has changed Australian Resident Non-resident

If you are an Australian resident for tax purposes, please provide your **Tax File Number (TFN)** or claim an exemption. If you do not provide your TFN or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN:

Reason for Exemption:
(if any)

If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes:

If you have changed your status for US tax purposes, please contact us for a FATCA/CRS Disclosure Form.

Companies

Please provide your company registration number (e.g. Australian Business Number [ABN])

Trusts or Superannuation Funds

Please provide information below which is applicable to you.

ABN (trust or a self-managed superannuation fund with ATO)

ARSN (trust registered with ASIC)

TFN

Section E – Reinvestment Option

Please select one of the following:

- Full Distribution Reinvestment Full Cash Distribution

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Section F – Acknowledgements and Signatures

When you apply to change your details, you (the applicant) are telling us:

- you have received, read and understood the IM for the offer of Units in the Fund;
- you understand the information in the IM is general information only and does not take into account your individual objectives, financial situation or needs;
- all details provided by you in this Change of Details Form are true and correct and you understand that we will rely on the information in this form;
- you are not bankrupt or a minor;
- you agree to be bound by the constitution of the Fund, as amended from time to time, and you will become a unitholder on and subject to the terms of the Fund constitution (as amended from time to time);
- you authorise us to use the TFN, ABN or exemption provided (if any) for all future applications for Units;
- you understand the risks of investing in the Fund;
- if requested by us, you will provide information we require in order to comply with an applicable law, including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act), the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS);
- you are not a 'politically exposed' person or organisation for the purpose of the AML/CTF Act and will notify us if you become a 'politically exposed' person or organisation for the purposes of the AML/CTF Act;
- you understand that we may (acting reasonably) decide to delay or refuse any request or transaction (including by suspending the issue of Units or withholding a distribution), if we are concerned that the request or transaction may breach any obligation of, or cause any person to commit or participate in an offence under, the AML/CTF Act, and we will not be liable to you if we do so;
- you understand that neither we or any related body corporate of either guarantees the repayment of capital invested in the Fund, the performance of the Fund or any particular return from the Fund; and
- you consent to the handling of your personal information in accordance with the Privacy Act 1988 and our privacy policy.

Signing instructions:

Individual – 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(Cth)) 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 the form is signed.

Trust — the trustee(s) must sign this form. 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 signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of Individual or Company Officer:

Print Full Name:

Date (DD/MM/YYYY):

Company officer's capacity:

- Director
- Company secretary
- Authorised signatory

Signature of Individual or Company Officer:

Print Full Name:

Date (DD/MM/YYYY):

Company officer's capacity:

- Director
- Company secretary
- Authorised signatory