Change of Payment and Distribution Election Form



Please complete and return **this form** if you wish to change bank account details, distribution election or provide notification of tax file number (TFN). For new investors or investments into a new fund, please use the relevant fund Application Form available at ellerstoncapital.com.

Please return completed form to: Ellerston Capital Limited Unit Registry C/O Apex Fund Services Pty Ltd - Unit Registry Level 10/12 Shelley Street Sydney NSW 2000 Telephone 1300 133 451 Email: ellerston@apexgroup.com

Investor Details

Investor number

Registered investor name(s)

Telephone number (business hours)

A. Reason(s) for completing this form

Please indicate below the details you wish to amend and complete the applicable sections:

Change bank account – Section B Change distribution election – Section C Notification of tax file number (TFN) – Section D

B. Change bank account

The bank account details you provide below will replace the previously nominated account and will be held on record and maintained to pay any future withdrawal proceeds and/or income distributions. This account must be with an Australian Authorised Deposit-taking Institution (ADI) and must be in the name of the investor as we will not pay to a third party or offshore bank account. Please check these details carefully as it is your responsibility to ensure all payee account details are correct. Incorrect details may result in a loss of funds and we do not guarantee their recovery. We do not accept liability for funds which are unable to be recovered.

Please note: This request will not cancel any distribution reinvestment election made previously (if any) unless we receive specific instructions from you in Section C of this form.

Name of financial institution

Account name

BSB

Account Number

Please note: If your account number does not have 9 digits please do not add zeros at the beginning or end of your account number unnecessarily as it may result in an incorrect payment. You should write the account number exactly as it is shown on your bank statement.

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For enquiries please call our Investor Relations team on +612 90217701 between 9am and 5pm Sydney time.

C. Change distribution election

You may elect to receive distributions as cash or reinvest them as additional units in the fund(s). Please indicate your preference below.

Retail Funds	APIR Code	Fund Code	Distribution Preference	
			Reinvestment	Bank deposit
Ellerston JAADE Australian Private Assets Fund (Retail)	ECL2707AU	JAADE		
Wholesale Funds	APIR Code	Fund Code	Distribution Preference	
			Reinvestment	Bank deposit
Ellerston JAADE Australian Private Assets Fund (Wholesale)	ECL6775AU	JAADE		
Ellerston Ventures Fund	ECL0022AU	VENTURES		

D. Notification of TFN/ABN

If you choose not to quote your TFN/ABN or claim an exemption, we are required to deduct tax at the highest marginal rate plus the Medicare levy from any income payable to you. If provided, your TFN/ABN will apply automatically to any future investment in the Ellerston funds unless you indicate otherwise. You can choose not to quote your TFN/ABN or claim an exemption. Deciding not to quote a TFN is not an offence. We are authorised to receive tax file information under tax law. For more information on Tax File Numbers, Australian Business Numbers and Exemptions, please call the Australian Taxation Office.

Tax File Number exemption details

Any applicant who has a TFN but is exempt from tax should still quote their TFN. Exempt applicants should then indicate their exemption in the relevant section of this form to avoid tax being deducted from any income distribution. Applicants in the name of a trustee on behalf of a minor should quote their TFN.

Investor 1 / Company / Partnership / Trust / Superannuation Fund

Name

TFN or Exemption

ABN

Investor 2
Name

TFN or Exemption

_ _

ABN

E. Investor Details

The following questions may assist Ellerston in meeting its regulatory obligations by determining whether this financial product is being offered to the stated target market.

Have you received personal financial advice from a licensed financial adviser in relation to this investment?

Yes

Did your financial adviser consider you to be within the Target Market Determination (TMD) for this financial product? Please consult your financial adviser prior to completing this application if you are not familiar with the TMD assessment process.

Yes - Please proceed to Section D - Declaration and signature

No - Please complete the below question

Please nominate the reason your financial adviser has recommended you proceed with this investment

Investment product is used a part of a diversified portfolio

Financial adviser assesses product as suitable for your objectives, financial situation and needs, despite TMD.

Financial adviser considers the risk of investment harm to be low Other - please specify

No

What is your primary investment objective in relation to this investment?

Capital Growth Capital Preservation Income Generation

What is your investment timeframe in relation to this investment?

Less than 2 years i.e. Short term

Between 2 years and 8 years i.e. Medium term More than 8 years i.e. Long term

Under normal circumstances, within what period do you

expect to be able to access your funds for this investment?

Within a week Within a month Within a quarter Within a year

In relation to this investment, which investment risk and return profile best describes you?

Low risk and return: You are looking for an investment that is low risk in nature e.g. you have the ability to tolerate up to 1 negative return over a 20-year period and you are comfortable with a low target return from this investment.

Medium risk and return: You are looking for an investment that is moderate or medium risk in nature, e.g. you have the ability to tolerate up to 4 negative returns over a 20-year period and you are comfortable with a moderate target return from this investment.

High risk and return: You are looking for an investment that is higher risk in nature e.g. you have the ability to tolerate up to 6 negative returns over a 20-year period in order to achieve a higher target return from this investment.

Very high risk and return: You are looking for an investment that is very high risk in nature e.g. you have the ability to tolerate 6 or more negative returns over a 20-year period as you are seeking to maximise returns and you can accept higher potential losses.

Extremely high risk and return: You are looking for an investment that is extremely high risk in nature which may have features such as significant use of derivatives, leverage or short positions or may be in emerging or niche asset classes. Seeking to obtain accelerated returns (potentially in a short timeframe) and can accept significant volatility and losses.

What percentage of your total investable assets are you directing to the Fund(s) – that is the total assets you have available for investment, excluding your residential home

75–100%
50-75%
25-50%
10-25%
Up to 10%

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F. Declaration and signature

By signing this form, I/we:

- declare that I/we have read and understood and agree to be bound by the terms and conditions of the current PDS, Additional Information Booklet, Information Memorandum and Application Form for the relevant Fund(s);
- declare that all details previously disclosed and provided in this Change of Payment Form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- (if signing under a power of attorney) declare that I/we have not received notice of revocation of that power;
- authorise Ellerston Capital Limited (Ellerston) to act upon instructions by post or facsimile (as applicable) with regard to the units in Fund(s) subscribed for (and any further units acquired) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done in accordance with such instructions and notwithstanding the same was not signed or sent by me/us. I/We agree that this authorisation shall remain in force until notice in writing of its termination is received by Ellerston;
- acknowledge that investments in the Fund(s) are subject to investment risk, including possible delays in repayment and loss of income or principal invested;
- acknowledge all personal information is collected in line with Ellerston's Privacy Statement, a copy of which is available at www.ellerstoncapital.com;
- acknowledge that, where I/we have executed this document using a signature applied electronically, or where I/we provide a scanned or other digital copy of a signed version of this document to Ellerston, the decision on whether to accept the electronically signed or digital copy of the document is at Ellerston's absolute discretion. Where such a document is accepted by Ellerston, the investor agrees that Ellerston will be entitled to assume (without making any further enquiries) that they have applied (or have authorised the application of) all signatures, and that any digital copy is a true copy of an original document, and to act on the document as if it had been signed by the them, and they agree to release, discharge and indemnify Ellerston, and any other related or associated entities of Ellerston, from and against any and all actions, proceedings, accounts, claims, costs, demands, charges and expenses, losses and liabilities, however arising as a result of the above.

Investor type	nvestor type Who should sign						
Individual		where the investment is in one name, the investor must sign.					
Joint investors	where the investment otherwise authorised.			nt is in more than one name, all investors must sign or unless d.			
				lirector and a company secretary, unless you are a sole director and etary or an authorised signatory previously noted by the registry.			
Trust each trustee must sign for a company.			ign unless otherwise authorised or, if a corporate trustee, then as				
Partnership		each partner.					
Association or Registered co-operative each offic		each office beare	office bearer.				
Government body relevant principal off			offic	officer/authorised signatory.			
Power of attorney if signed under a power of attorney, the power of attorney must have been pro- noted by the registry.			must have been previously				
Signature 1			Się	gnature 2			
Name			Nc	ime			
Date			Do	te			
Title		Tit	Title				
Investor1(individual)	Secretary			Investor1(individual)	Secretary		
Sole director & secretary	Non-corporate trustee			Sole director & secretary	Non-corporate trustee		
Partner I	Director	ector		Partner	Director		
Other office bearer or attorney (please specify):				Other office bearer or attorney (please specify):			

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Personal Information Collection Notification Statement

Ellerston advises that it may collect personal information about you to provide its products and services. In accordance with Ellerston's Privacy Policy, in most cases, you have rights to access your personal information. Ellerston can use your personal information to assess your application for the investment product and if you obtain the product, to manage that product and for direct marketing purposes in accordance with our Privacy Statement. Ellerston may disclose information to related entities, and anyone acting on Ellerston's behalf such as external service suppliers who supply administrative, financial or other services to assist Ellerston in providing financial services, anyone you have authorised, or government departments or agencies. Further information on how Ellerston handles personal and sensitive information can be found in the Privacy Statement which is available on the Ellerston website (www.ellerston.capital.com). The Privacy Statement also contains information about how you can access and correct the information about you held by Ellerston as well as how complaints may be made and how they will be dealt with by Ellerston.

Once completed, please send this form to:

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