

INVESTMENT SWITCH FORM

The current Product Disclosure Statement ('PDS') and Additional Information to the PDS of the Life Cycle Global Share Fund and Life Cycle Concentrated Global Fund ('Life Cycle Funds') can be found on our website **www.lcip.com** 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:				
☐ Life Cycle Global Share Fund	☐ Life Cycle Concentrated Global Share Fund			
То:				
☐ Life Cycle Global Share Fund	☐ Life Cycle Concentrated Global Share Fund			
Switch amount:	Switch percentage:	%	OR	No. of units:
 Please note: The minimum initial investment for each Life Cycle Fund A switch operates as a withdrawal of units in one fund taxation implications. There is no switching fee applicable. However, a buy/se Switch requests received prior to 12:00pm (Sydney time received after 12:00pm (Sydney time) are deemed to b A 100% switch out of a fund is equivalent to a full redeement of the remaining balance in a fund is below the minimum request as being for your entire investment in that fund 	and the investment of ell spread will apply at e) on a business day a e received the next bu mption and your acco m investment balance	the time of the street deemed to be usiness day.	er fun witch recei will b	d and therefore may have . ved that day, requests e closed.
Income distribution				
Please nominate how you would like any income distribut If you are an existing investor in that fund, your nomination automatically reinvested unless otherwise instructed.		_		
☐ Reinvest distributions in the fund being switch into; o	r			
☐ Credit to the bank account nominated below				
Financial Institution:	Account Name			

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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.LCIP.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	Signatory 2
Signature:	Signature:
Full Name:	Full Name:
Capacity: (e.g. director, trustee)	Capacity: (e.g. director, trustee)
Date:	Date:
Signatory 3	Signatory 4
Signature:	Signatory 4 Signature:
Signature:	Signature:
Signature:	Signature: Full Name:

Return the completed form to:

Life Cycle Investment Partners 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