

PLEASE SEND COMPLETED FORM TO OUR UNIT REGISTRY VIA EMAIL, FAX OR MAIL:

By Post
PM Capital Limited
c/- Apex Fund Services
GPO Box 4968 Sydney NSW 2001

By Email:
registry@apexgroup.com
By Fax: +612 9251 3525

Further Information:
Contact Apex Fund Services
T: 1300 133 451 (Australia only)
T: +612 8259 8888 (International)



Switch Request Form

Please note this form can be completed electronically or printed. In both circumstances a written signature is required.

Please note: if you are switching into a Fund in which you are not currently invested, this Switch Request Form must be accompanied by a signed Application Form from the current PM Capital Product Disclosure Statement (PDS).

1. INVESTOR DETAILS

Investor number	
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Investor A – Individuals, Joint Investors or Trustees

Title		Given name(s)		Surname	
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Investor B – Joint Investors or Trustees

Title		Given name(s)		Surname	
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Company, Trusts and Superannuation Funds

Account name	
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Primary Contact

Contact name	
Phone number	

2. DETAILS OF SWITCH

FROM	FULL	PARTIAL \$ AMOUNT	PARTIAL UNIT AMOUNT
PM Capital Global Companies Fund			
PM Capital Australian Companies Fund			
PM Capital Enhanced Yield Fund			
PM Capital Enhanced Yield Fund - Class B			
TO	FULL	PARTIAL \$ AMOUNT	PARTIAL UNIT AMOUNT
PM Capital Global Companies Fund			
PM Capital Australian Companies Fund			
PM Capital Enhanced Yield Fund			
PM Capital Enhanced Yield Fund - Class B			

3. DECLARATION AND SIGNATURES

I/We acknowledge that I/We have read and understood the current PDS and New Zealand Investors Information Sheet and Warning Statement (if applicable) to which this additional Application relates, and I/We agree to be bound by the PDS and NZIIS and the relevant Constitution(s), each as amended from time to time. I/We declare that all the details provided on this Form are true and correct. I/we have reviewed the Target Market Determination for the Fund(s) and confirm that my/our investment objectives and risk profile are in line with those of the Fund/s I/we are investing in.

Signature		Signature	
Name		Name	
Date		Date	
<input type="checkbox"/> Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Sole Director	<input type="checkbox"/> POA
<input type="checkbox"/> Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Sole Director	<input type="checkbox"/> POA

Joint Applicants must both sign. Company Applications must be signed by either two Directors, a Director and Secretary or the Sole Director of the Company. If this Form is signed under a Power of Attorney it must be accompanied by a certified copy of the Power of Attorney.