

CHANGE OF DETAILS FORM

Use this Form to change your investor account details for your investment in one or more ClearBridge Funds (**Funds**) below. Prior to completing this Form, please consider the current Product Disclosure Statement (**PDS**) and Additional Information Booklet (**AIB**) which can be found on ClearBridge's website www.clearbridgeinvestments.com.au.

Please ensure this Form is signed by existing account signatories in accordance with your original Application Form.

Please submit your completed Form by: Email to: clearbridge@linkmarketservices.com.au Fax to: +61 2 9287 0332
Post to: Link Market Services Limited, Locked Bag 5038, Parramatta NSW 2124
Attention: MFO Registry Operations

If you have any questions about completing this Form please contact the ClearBridge Client Service Team on +61 2 9397 7351.

1. UNITHOLDER DETAILS

Account number:

Account name (in full):

For example "A Citizen Pty Ltd ATF Citizen Super Fund"

2. FUND NAME

ClearBridge RARE Infrastructure
Value Fund - Hedged Class A Units

APIR Code: TGP0008AU

ClearBridge RARE Infrastructure
Value Fund - Unhedged Class A Units

APIR Code: TGP0034AU

ClearBridge RARE
Emerging Markets Fund

APIR Code: TGP0015AU

ClearBridge RARE Infrastructure
Income Fund - Hedged Class A Units

APIR Code: TGP0016AU

ClearBridge RARE Infrastructure
Income Fund - Unhedged Class A Units

APIR Code: SSB6649AU

ClearBridge RARE Infrastructure
Income Fund - Hedged Class B Units

APIR Code: SSB4647AU

ClearBridge Global Growth
Fund - Class A Units

APIR Code: SSB3170AU

ClearBridge Global Value
Improvers Fund - Class A Units

APIR Code: SSB5588AU

3. ADDRESS/CONTACT DETAILS

a) Residential/Registered Street Address (a PO Box cannot be provided)

Address:

Suburb:

State:

Country:

Post
Code:

b) Contact Details

Please tick ☒ box if the postal address is same as above.

Address:

Suburb:

State:

Country:

Post
Code:

Email Address:

Phone:

Mobile:

4. DISTRIBUTION ELECTION

(Please Tick ☒ One Box)

Distributions are to be:

reinvested in additional units

paid in cash to the financial institution account for this investment

Please ensure ClearBridge has your financial institution account details on file. These can be provided or updated in Section 5. Your election here will override any previous instruction.

5. FINANCIAL INSTITUTION ACCOUNT DETAILS

(Please Tick ☒ One Box)

Please tick below which payment details are to be updated with these bank details:

Redemptions

Distributions

Both

Please note only bank accounts in the name of the Investor/Investing Entity will be accepted. No third-party payments can be made. Your financial institution account must be an Australian bank/financial institution.

Account Name:

BSB:

Account number:

Financial Institution:

Branch:

6. FINANCIAL ADVISER DETAILS

If you received financial advice and would like to have your financial adviser on your account, please provide the details below:

Dealer Group/AFSL Name:

AFSL #:

Name of Practice/Advisory Office:

Name of Adviser:

Auth Rep #:

Address:

Suburb:

State:

Post Code:

Email Address:
(Must be completed)

Phone:

Mobile:

7. DECLARATION & SIGNATURES

- I/We declare that I/we have read and understood the current PDS/IM and AIB for the relevant fund(s);
- I/We declare that all details provided in this Change of Details Form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- I/We (if signing under a power of attorney) declare that I/we have not received notice of revocation of that power;
- I/We authorise Link Market Services Limited to act upon instructions by post 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 Link Market Services Limited;
- I/We acknowledge and agree to be bound by the terms and conditions as outlined in the Application Form;
- I/We acknowledge that investments in the fund are subject to investment risk, including possible delays in repayment and loss of income or principal invested; and
- I/We declare that the representations and acknowledgements made by you in the Application Form and this Change of Details Form are continuing and shall remain true, complete and in full effect for so long as you are a Unit holder in the fund(s).

Who needs to sign this Form:

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) 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 you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and certified Identification Document of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature	Name and company title, if relevant (e.g. Director, Secretary)	Date:	/	/
Signature	Name and company title, if relevant (e.g. Director, Secretary)	Date:	/	/