

CLEARBRIDGE RARE FUNDS

CHANGE OF DETAILS FORM

ABN 84 119 339 052 AFSL 307727

Use this Form to Change your investor account details for your investment in one or more ClearBridge RARE 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 current operating instructions.

Please submit your completed form by: **Email to:** clearbridge@unitregistry.com.au **Fax to:** +61 2 8029 0130
Post to: OneVue Fund Services Pty Ltd, GPO Box 804, Melbourne VIC 3001

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

(Please Tick One Box)

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 - Hedged Class B Units
APIR Code: SSB4647AU

3. ADDRESS/CONTACT DETAILS

a) Residential/Registered Street Address/Principal Place of Business Address (a PO Box cannot be provided and Financial Adviser details are not accepted)

| | |
|----------|------------|
| Address: | |
| Suburb: | State: |
| Country: | Post Code: |

b) Contact details Please tick box if the same as above.

| | |
|----------------|------------|
| Address: | |
| Suburb: | State: |
| Country: | Post Code: |
| Email Address: | |
| Phone: | Mobile: |

FORM CONTINUES NEXT PAGE

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 RARE have 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 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.

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| Financial Institution: | Branch: |
| BSB: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> | Account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Account Name: | |

6. FINANCIAL ADVISER DETAILS

By completing this section you give consent to the below Financial Adviser and/or Administrator to access your information.

| | |
|---|--|
| Name of Adviser: | AFSL#: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Name of Advisory Firm: | |
| Address: | |
| Suburb: | State: |
| Country: | Post Code: |
| Email Address(es): (Must be completed) | |
| Phone: | Mobile: |

7. (ADDITIONAL) ACCESS TO YOUR ACCOUNT INFORMATION

If you nominate an individual contact within an Advisory or Administrative Firm we deem that you give your authority to the firm and not the individual contact.

| | |
|---|------------|
| Name of Administrative Firm: | |
| Contact Name: | |
| Mailing Address: | |
| Suburb: | State: |
| Country: | Post Code: |
| Email Address(es): (Must be completed) | |
| Phone: | Mobile: |

8. DECLARATION & SIGNATURES

I/We acknowledge and declare that:

- I/We have read the information on privacy and personal information contained in the PDS and consent to my/our personal information being collected, used and disclosed in accordance with the PDS and Legg Mason Australia's Privacy Policy.
- All the details in this Form are true and correct, and I/we agree to notify the Responsible Entity immediately if there is any change to such details.
- If signing as an authorised representative (agent or attorney) on behalf of the investor, I/we warrant that I/we are acting under a power of attorney or operating authority granted by the investor and have no knowledge of revocation or suspension of that power by the investor. The signature(s) must match the power of attorney document or operating authority held by Legg Mason Australia.

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.

| | | |
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| Signature | Name and company title, if relevant (e.g. Director, Secretary) | Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
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| | | |
|-----------|---|---|
| Signature | Name and company title, if relevant (e.g. Director, Secretary) | Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
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