

CHANGE OF DETAILS FORM

PASSIVE INCOME (USA COMMERCIAL PROPERTY) FUND

This Change of Details Form relates to an investment in the Passive Income (USA Commercial Property) Fund ARSN 155 770 095 (Fund) issued by Plantation Capital Limited ABN 65 133 678 029, AFSL No. 339481, as Responsible Entity for the Fund.

Before completing this Change of Details Form you should check you have the latest up to date information for the Fund, by ensuring you have the current Product Disclosure Statement (PDS) or any other website update for the Fund. A copy of the PDS and any website updates are available free of charge from www.passiveincomefund.com.au, or available by contacting the Responsible Entity on (03) 8592 0270 between the hours of 10.00 am and 4.00 pm (Melbourne time) on any business day.

Instructions

- Please use blue or black biro and print in BLOCK LETTERS.
- Please ensure that all 5 pages of this form are completed and returned.

1. EXISTING INVESTOR DETAILS

1.1 Contact details

Entity type Individual Joint Child/Minor Account
 Trust Company Partnership Association

Full investor name

Investor Number

2. CONTACT AND MAILING DETAILS

2.1 Complete this section to update your contact details.

Title

Given name/s

Surname

Telephone () Mobile

Email address

2.2 Complete this section to update your mailing details.

Street

Suburb State Postcode

Country

3. NEW DISTRIBUTION OPTION

3.1 Complete this section to change your distribution option.

This will apply to all units: Reinvest income as additional units in the Fund OR Pay to bank account nominated in section 4.

4. BANKING INSTRUCTIONS

4.1 Please update details of the Australian bank or credit union account where you would like your distributions paid.

BSB number

Account number

Account name (eg. John Smith)

Name of financial institution

5. ANNUAL REPORT PREFERENCE (PLEASE TICK ✓ ONE OPTION)

- I/We would like to be notified by email when the annual report is available on the Fund's website.
- I/We would like to receive a printed copy of the annual report in the mail each year.
- I/We do not want to be notified by email, and do not want to receive a printed copy in the mail.

If you do not select an option, we will notify you by email when the annual report is available on the Plantation Capital website.

6. DIRECT MARKETING PREFERENCE (PLEASE TICK ✓)

- Please do not send me/us Plantation Capital Limited marketing and/or educational material.

7. CHANGE OF NAME FOR INDIVIDUAL/JOINT INVESTOR(S)

INVESTOR 1 Please provide new name.

7.1 Title

Given name/s

Surname

INVESTOR 2 Please provide new name.

7.2 Title

Given name/s

Surname

If you have changed your name you will need to complete this form and provide a certified copy of either a Marriage Certificate, Deed Poll or Change of Name Certificate from the Births, Deaths and Marriages Registration Office.

8. CHANGE OF TRUST, CORPORATE TRUSTEE, COMPANY, PARTNERSHIP OR ASSOCIATION NAME

8.1 Please provide new name.

Where applicable provide either a certified copy of the Certificate of Incorporation or Change of Name of the company (or association) or a certified copy of the Trust Deed indicating the change of name.

Current signatories must sign this form. A new signatory list needs to be provided where authorised signatories change.

9. CHANGE OF SIGNATORY LIST

9.1 Account signing authorities (please tick ✓ one option)

Use this section to change the authority names and instructions for future instructions. Please note existing authorities (prior to this form being processed) must sign Section 11 in accordance with previous instructions to validate this change.

Please indicate below who can give us future instructions in relation to your investment. If you do not tick one of the options below, all instructions must be signed by all of the signatories below, or as otherwise permitted by law. You must provide a certified copy of all authorised signatories.

<input type="checkbox"/> Signatory 1 AND 2	<input type="checkbox"/> Either Signatory 1 OR 2	<input type="checkbox"/> Allow other authorised signatories
<input type="checkbox"/> Signatory 1 ONLY	<input type="checkbox"/> Signatory 2 ONLY	

Applicant signatures

Each signatory below confirms that they have been duly authorised to execute this form on behalf of the applicant/s and that the signing authorities specified above have also been duly authorised.

Signatory 1

X SIGN HERE

Name

Date

D

D

/

M

M

/

Y

Y

Signatory 2

X SIGN HERE

Name

Date

D

D

/

M

M

/

Y

Y

Where appropriate, attach an originally certified copy of the Power of Attorney. The Power of Attorney must provide certified identification documents.

10. CHANGE OF ADVISOR OR BROKER DETAILS

10.1 Cancel your advisor.

You will need to notify your adviser of this cancellation. Arrangements are between you and your adviser. The Responsible Entity has no agency relationship with any broker and no broker or adviser acts under the Responsible Entity's authority. Removing your adviser could impact the fees you pay.

Please remove my adviser from my investment in the Fund.

10.2 Appoint a new advisor.

Adviser number (if applicable) **A** **N**

Business name

AFSL number

Dealer group (if different from above)

Full name of individual adviser

Postal address

Suburb

State Postcode

Country

Mobile telephone

Business telephone ()

Facsimile ()

Email address

Adviser declarations and signature

- In accordance with the Financial Services Council / Financial Planning Association Industry Guidance Note 24, I confirm that customer identification has taken place under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)* and that I will provide access to the records as required, or that the industry agreed 'Customer Identification Form' confirming compliance is attached.

Adviser signature

Name

Date / /

Adviser stamp

11. DECLARATION AND SIGNATURE/S (ORIGINAL AUTHORISED SIGNATORIES)

By signing this Change of Details Form:

- I/we acknowledge that I/we have read and understood the current PDS for the Passive Income (USA Commercial Property) Fund ARSN 155 770 095 (Fund) and any website updates for the Fund as made available from time to time on the Fund's website at www.passiveincomefund.com.au.
- I/we agree to be bound by the Constitution of the Fund (as amended from time to time) and declare all details given in this Form are true and correct.
- I/we declare that in completing this Change of Details Form, the only information and representations provided by the Responsible Entity are those contained in the PDS to which this Change of Details Form applies together with the other important information taken to form part of the PDS.
- I/we declare that I/we have the capacity and power to complete this Form.
- If signed under power of attorney, the attorney verifies that no notice of revocation of that power has been received.
- I/we understand and agree that, even if all information requested on this Change of Details Form has been provided and received by the Responsible Entity, the processing of my/our Form may be postponed or delayed while the Responsible Entity verifies and considers information.
- I/we understand that none of the Responsible Entity or its related entities, directors or officers guarantees the performance of, the repayment of capital, or income invested in, the Fund.

Signature/s

Each signatory below confirms that they are the current authorised signatory (prior to this form being processed) and have been duly authorised to execute this Change of Details Form and that the signing authorities have also been duly authorised.

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Sole director*
<input type="checkbox"/> Director 1*	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory**

Signature X SIGN HERE

Name

Date D D / M M / Y Y

<input type="checkbox"/> Investor 2	<input type="checkbox"/> Individual trustee 2	<input type="checkbox"/> Director 2*
<input type="checkbox"/> Secretary*	<input type="checkbox"/> Partner 2	<input type="checkbox"/> Authorised signatory**

Signature X SIGN HERE

Name

Date D D / M M / Y Y

* For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.
 † An **Authorised Signatory List** must have been previously provided by the organisation.

INTERNAL USE

Date received	D D / M M / Y Y	Investor verified 	Changes approved D D / M M / Y Y
Accounting Date entered	D D / M M / Y Y	Entered by 	
Database Date entered	D D / M M / Y Y	Entered by 	