

# Change of Distribution Instructions

Please return completed form to:  
 C/- LINK Market Services Limited  
 Locked Bag 5038, Parramatta NSW 2124 or by fax to 1300 366 107

## 1. Investor information

Please use **BLOCK CAPITALS**

<p><b>Investor number (if known)</b></p> <input type="text" value=""/> <p><b>Full account name</b></p> <input type="text"/> <input type="text"/>	<p><b>Contact details: Provide at least ONE contact telephone number</b></p> <p>Telephone (Work) <input type="text"/></p> <p>Mobile <input type="text"/></p> <p>Facsimile <input type="text"/></p> <p>Email <input type="text"/></p>
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## 2. Distribution instructions

<p><b>Fund name</b> – please provide the name(s) of the Fund(s)</p> <input type="text"/> <input type="text"/> <input type="text"/> <p>Please specify your nominated Australian domiciled bank account for receiving income distributions (if applicable) from the Fund(s).</p> <p><b>Name of financial institution</b></p> <input type="text"/> <p><b>Account name</b> (3rd party payment is not acceptable)</p> <input type="text"/>	<p style="text-align: center;"><b>Select ✓ one of the following</b></p> <table style="width: 100%;"> <tr> <td style="text-align: center;">Reinvest in additional units in the Fund</td> <td style="text-align: center;">Credit to account specified below</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>BSB number</b></p> <input type="text" value=""/> <p><b>Account number</b></p> <input type="text" value=""/>	Reinvest in additional units in the Fund	Credit to account specified below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reinvest in additional units in the Fund	Credit to account specified below								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

PLEASE NOTE: Distributions from the BlackRock Multi Opportunity Fund are automatically reinvested. As such, this form should not be used for making a distribution selection for this BlackRock fund.

## 5. Signatures and roles

<p><b>Signature – Investor 1</b></p> <input type="text"/> <p><b>Title</b> (Director/Secretary/Sole Director/Trustee/Power of Attorney) <b>mandatory</b></p> <input type="text"/> <p><b>Full name</b></p> <input type="text"/> <p><b>Date signed</b></p> <input type="text" value=""/>	<p><b>Signature – Investor 2</b></p> <input type="text"/> <p><b>Title</b> (Director/Secretary/Sole Director/Trustee/Power of Attorney) <b>mandatory</b></p> <input type="text"/> <p><b>Full name</b></p> <input type="text"/> <p><b>Date signed</b></p> <input type="text" value=""/>
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### Signing Instructions

- \* **Individual investor:** Where the investment is in one name, the investor must sign.
- \* **Joint investors:** Where the investment is in more than one name, all investors must sign. All subsequent instructions will require the signature of all joint investors.
- \* **Corporate investor/Corporate trustee:** Must sign either: (a) under seal and signed by directors; or (b) by two directors or director and company secretary; or (c) by a sole director/sole secretary (where applicable). **Please state your name & role in the company beneath your signature (e.g. Director, Secretary, Sole Director).**
- \* **Superannuation/Trust:** Each trustee must sign.
- \* **Power of Attorney (POA):** If signed under a POA, the POA must have been previously noted by BlackRock. If not, an originally certified copy of the POA as well as an originally certified copy of the attorney's driver's licence, passport or other photo identification which confirms their name, address and contains their signature must be attached to this form. The attorney certifies that they have not received notice of revocation of that power.
- \* **Signatory List:** Please provide a signatory list (if applicable).

Company Seal

Please provide certified proof of your identify and signature with your request to enable us to verify your identity as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.