



Millinium's Switch Request Form

Please complete this form if you wish to switch between investment options.

1 Personal Details

INVESTOR 1	Title	<input type="text"/>	Last Name	<input type="text"/>	First Name	<input type="text"/>		
COMPANY/TRUST PARTNERSHIP NAME	<input type="text"/>							
ADDRESS	<input type="text"/>							
	SUBURB	<input type="text"/>	STATE	<input type="text"/>	POSTCODE	<input type="text"/>		
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth (dd/mm/yyyy)	<input type="text"/>	Email address	<input type="text"/>	
ABN / TFN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ABN / TFN already provided.
INVESTOR 2	Title	<input type="text"/>	Last Name	<input type="text"/>	First Name	<input type="text"/>		
COMPANY/TRUST PARTNERSHIP NAME	<input type="text"/>							
ADDRESS	<input type="text"/>							
	SUBURB	<input type="text"/>	STATE	<input type="text"/>	POSTCODE	<input type="text"/>		
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth (dd/mm/yyyy)	<input type="text"/>	Email address	<input type="text"/>	
ABN / TFN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ABN / TFN already provided.

2 Switch Details (the minimum switch of \$500 applies)

Please list the investment option(s) to be SOLD

CLASS	INVESTMENT OPTION	NUMBER OF UNITS
A1	Cash	<input type="text"/>
B1	Health Care	<input type="text"/>
C1	Multi-Strategy Income	<input type="text"/>
D1	Dividend Income	<input type="text"/>
E1	Patient Capital	<input type="text"/>

Please list the investment option(s) to be PURCHASED

CLASS	INVESTMENT OPTION	REINVEST DIVIDENDS ✓	NUMBER OF UNITS	AMOUNT
A1	Cash	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>
B1	Health Care	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>
C1	Multi-Strategy Income	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>
D1	Dividend Income	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>
E1	Patient Capital	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>

Please note you must sell down or purchase listed investments in whole units. There may also be transaction costs and taxation implications for disposal of your investment. ^Please note that Patient Capital option can only be purchased by investors approved in the Product Disclosure Statement.

3 SIGNATURE(S) AND CONFIRMATION

Signature of Investor 1

Date

Signature of Investor 2

Date

- I/We have read and understood the current Product Disclosure Statement for each investment option I/we have selected.
- I/We understand that tax implications can arise from switching investments, including payment of transaction costs (if applicable).
- I/We confirm my/our approval to this Switch Form including terms of investment(s) made.

FINANCIAL PLANNER USE ONLY

Name

Phone Number

AFSL Holder

- I have explained to the investor(s) all relevant information to the investment option(s) chosen suitable to their needs, circumstances and objectives.
- I understand that any adviser service fee will be negotiated between myself and the investor.
- I remain responsible for any claim arising pursuant to my advice given my me to investor(s) named in this form and indemnify the Responsible Entity in this respect.

Financial Planner
Signature

Date

Remit form to:

FundBPO Pty Limited,
GPO Box 4968, Sydney, NSW 2000

ADVISOR'S STAMP

