

Tax File Number, Australian Business Number or exemption

Please use this form if you are an existing investor in a SIM Wholesale Fund or SIM Trust and wish to provide or update your Tax File Number (TFN), Australian Business Number (ABN) or reason for exemption.

Collection of TFN and ABN information is authorised and their use and disclosure are strictly regulated by tax laws and the Privacy Act. You are not obliged to quote your TFN or ABN, however if you do not quote your TFN or ABN, or do not provide exemption details, we are required to withhold tax from your distributions at the highest marginal tax rate plus Medicare levy.

The TFN or ABN provided on this form will be automatically applied to any future investments you make in the Fund(s) unless you indicate at any time that you do not wish to quote that TFN or ABN for a particular investment.

1. Complete all sections in CAPITAL LETTERS, using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

Please check that you have done the following:

- entered your investor number and investor name as they appear on your latest periodic or transaction statement
- completed the tax section relevant to you
- signed the form as per the 'Signing instructions' in Section 3.

2. Send your form to us.

You can return your form by post, fax or email.

Send by post to: Tyndall Asset Management Limited
GPO Box 804
Melbourne VIC 3001
Australia

Fax to: 1300 367 986

Scan and email to: sim@registry.tyndall.com.au
Please include your investor number in the subject line of your email

TFN, ABN or exemption

By completing and signing this form, I/we:

- authorise Tyndall to apply my/our TFN/ABN to my/our investment
- declare that the details provided in this form are true and correct.

Signature of Investor 1/Director/Authorised Signatory

Please print full name

Date

D	D	M	M	Y	Y	Y	Y
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Company officer (please indicate company capacity)

Director

Sole Director and Company Secretary

Authorised Signatory

Signature of Director/Company Secretary/Authorised Signatory

Please print full name

Date

D	D	M	M	Y	Y	Y	Y
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Company officer (please indicate company capacity)

Director

Company Secretary

Authorised Signatory