

Switching Form

PLEASE USE BLOCK LETTERS TO COMPLETE THIS APPLICATION FORM

Investor Number

1. INVESTOR DETAILS

Full Name of Organisation

Contact Name

ABN

Mailing Address

Street or PO Box No.

Street Name

Suburb

State

Postcode

Telephone

Fax

Mobile

Email Address

Are you tax exempt?

Yes No

2. SWITCHING DETAILS

Minimum switching amount is \$10,000. A minimum of \$10,000 must be maintained in chosen investment options.

Switch FROM

Name of Investment Option

Amount to be switched

or

Number of Units to be switched

Catholic Values Trust

\$

Income Trust

\$

TOTAL

\$

Switch TO

Name of Investment Option

Catholic Values Trust

\$

Income Trust

\$

TOTAL

\$

Total From and Total To amounts must be equal

4. AUTHORITY

Declaration

I/We have read and understood the CCI Asset Management Information Memorandum, before completing the Switching Form, and wish to invest the total amount(s) detailed above in the Trusts based on the most up to date CCI Asset Management Information Memorandum or Key Features Statement and agree to be bound by the terms of that document.

I have read and understood the current CCI Asset Management Information Memorandum or Key Features Statement that explains the terms and conditions of the CCI Asset Management Trusts.

Note: Corporate applicants may need to sign under seal. If the Application is signed under Power of Attorney, please provide a certified copy of the Power and specimen signature(s) of the attorney(s).

Surname (Fr/Sr/Mr/Mrs/Ms/Miss)

Given Names

Authorised Signatory

Date

 / /

Company Seal (if required)

Surname (Fr/Sr/Mr/Mrs/Ms/Miss)

Given Names

Authorised Signatory

Date

 / /

Contact Us

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