

CHANGE OF DETAILS FORM

Valid from 01 September 2021

Please complete the sections in block capitals and using a black pen. If you make an error while completing this form, do not use correction fluid. Please cross out your mistakes and initial your changes.

1. Please ensure you have completed the following:

Entered your investor number and investor name as it appears on your latest periodic or transaction statements	Section 1
Please complete the relevant sections that apply to your change request:	
Changing your contact details	Section 2
Advising/changing your tax status	Section 3
Changing your distribution preference	Section 4
Changing your bank account details	Section 5
Changing your annual financial statement preference	Section 6
Signing instructions for Section 2 to 6	Section 7
Changing your name	Section 8

2. Send your documents to us

You can return your form by post, fax or email according to the details below.

Send by post: Janus Henderson Australia Client Services
GPO Box 804
Melbourne VIC 3001 Australia

Fax to: Australia: 1800 238 910
Outside Australia: +61 3 9046 1903

Scan and email to: transactions.aus@janushenderson.com
Please include your investor number in the subject line of your email.

Note: if you are changing your name, please send original or originally certified documents by POST only.

Legal notices

Janus Henderson Investors (Australia) Funds Management Limited (ABN 43 164 177 244) (AFSL 444268) is the Responsible Entity ("Janus Henderson Australia") of each of the Funds. The Product Disclosure Statement ("PDS"), issued by Janus Henderson Australia, is a summary of significant information about the relevant Fund and contains a number of references to important information which is contained in the Additional Information Guide (if applicable) for the relevant Fund. The Additional Information Guide (if applicable) forms part of the relevant PDS and you should consider these documents together before making a decision about the Funds. You should read the PDS before completing the Change of details form.

Janus Henderson Australia is committed to ensuring the confidentiality and security of your personal information. We and our administrator, BNP Paribas Securities Services, and our agents handle your personal information in accordance with the Privacy Act 1988 (Cth) and Australian Privacy Principles and our respective privacy policies, which can be accessed at www.janushenderson.com/australia.

Section 1. Investor details

Investor number
Investor name

Section 2. New contact details

New residential address or registered office address Note: A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)	
Unit/Level	Street number
Street name	
Suburb	State
Post code	Country

New postal address (if different to residential address) or registered office address Note: A PO Box/RMB/Locked Bag is acceptable.

Property name/building name (if applicable)	
Unit/Level	Street number
Street name (or PO Box or other mail details if applicable)	
Suburb	State
Post code	Country

New contact details

Home phone number (include country and area code)	
Business phone number (include country and area code)	
Mobile number (include country code)	

New email address (please use block letters)

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This email address is the default address for all investor correspondence (such as transaction confirmations, statements and annual financial statements).

Section 3. Tax File Numbers, Australian Business Numbers or exemptions

Individuals

Please provide your Australian Tax File Number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

Investor Name 1

TFN

Reason for exemption

Investor Name 2

TFN

Reason for exemption

Companies

Please provide your Australian Business Number (ABN).

ABN	
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Trusts or superannuation funds

Please provide the below information which is applicable to you.

ABN (For self-managed superannuation fund registered with the Australian Tax Office)	
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Australian Registered Scheme Number (ARSN) (For trust is registered with ASIC)	
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Section 4. Distribution preference

Please indicate your preference below. If you do not make an election, distributions will be reinvested.

Fund name	Distribution option (Indicate preference with an X)	
	Reinvest	Paid to nominated bank account
Janus Henderson Australian Fixed Interest Fund		
Janus Henderson Australian Fixed Interest Fund – Institutional		
Janus Henderson Conservative Fixed Interest Fund		
Janus Henderson Conservative Fixed Interest Fund – Institutional		
Janus Henderson Cash Fund – Institutional		
Janus Henderson Diversified Credit Fund		
Janus Henderson Global Equity Income Fund		
Janus Henderson Global Natural Resources Fund		
Janus Henderson Global Multi-Strategy Fund		
Janus Henderson Global Sustainable Equity Fund (unlisted class of units)		
Janus Henderson Tactical Income Fund (unlisted class of units)		

Section 5. Financial institution account details

Please provide the Australian financial institution account details in order to receive your distribution payments and future withdrawal payments. Payments will only be made to a financial institution account held in the name of the investor/s. Payments will not be made into third party financial institution accounts.

Financial institution name	
Branch name	
BSB number	Account number
Account name	

Section 6. Annual financial statements options

The annual financial statements of the Fund(s) are available and can be downloaded at www.janushenderson.com/australia. If you are unable to download from our website, please choose from the following:

- Annual financial statements by email*
- Annual financial statements by post

* If you have elected to receive your annual financial statements by email, please provide your email address in Section 2 of this form.

Section 7. Signing instructions

By completing and signing this form, you:

- authorise us to act according with the instructions on this form
- acknowledge that the instructions on this form supersede, and have priority over, all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

Individual: where the investment is in one name, the account holder must sign.

Joint holding: where the investment is in more than one name, all of the account holders must sign.

Companies: where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please provide supporting documents (Authorised Signatory List) if the form is to be signed by more than one signatory. Please indicate the capacity in which the form is signed.

Trust: the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney: if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes a Certificate of Witness and Statement of Acceptance and a Certified Identification Document of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of investor 1, director or authorised signatory	[Sign here]
Please print full name	
Date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Company officer (please indicate company capacity)	
<input type="checkbox"/> Director	
<input type="checkbox"/> Sole director and company secretary	
<input type="checkbox"/> Authorised signatory	
Signature of investor 2, director/company secretary or authorised signatory	[Sign here]
Please print full name	
Date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Company officer (please indicate company capacity)	
<input type="checkbox"/> Director	
<input type="checkbox"/> Sole director and company secretary	
<input type="checkbox"/> Authorised signatory	

Section 8. Change of name

Collect and certify the documents needed to identify and verify the name change

Make copies of your change of name document(s) and arrange for them to be certified by one of the following certifiers:

- a Justice of the Peace
- a Notary public (for the purposes of the Statutory Declaration Regulations 1993)
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees
- an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
- a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership
- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- a Judge of a court
- a magistrate
- a chief executive officer of a Commonwealth court;
- a registrar or deputy registrar of a court
- a Police officer
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)

What should the person certifying write?

I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document. [sign] [date]

Not in English?

Documents not in English must be accompanied by an English translation prepared by an accredited translator (visit www.austrac.gov.au/englishtranslation_policy.html and www.naati.com.au for more information).

Change of name

Please complete if you are changing the name of an individual investor or an individual trustee. Ensure you have completed your account details in Section 1.

Please write **NEW** name below

Title	Full given names	Surname
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Please supply the following supporting documents:

- a certified copy of driver's licence or current passport

And one of the following:

- a certified copy of Marriage Certificate or
- a certified copy of Decree Absolute or
- a certified copy of Change of Name Certificate.

Change of name signing instructions

By completing and signing this form, you:

- authorise us to act according with the instructions on this form
- acknowledge that the instructions on this form supersede, and have priority over, all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

In consideration of amending the register you must agree to indemnify and forever keep indemnified us (including our directors, offices and employees) from and against all losses, claims, actions, proceedings, demands, costs and expenses which may be made or brought against us by reason of compliance with your request.

Old signature	[Sign here]
Please print full name	[Sign here]
New signature	[Sign here]
Please print full name	
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>