Valid from 30 September 2026

Janus Henderson
INVESTORS

APPOINT, CHANGE OR CANCEL A FINANCIAL ADVISER FORM

Please use this form if you are an existing investor and wish to appoint, change or cancel your financial adviser. You can also use this form to change your financial adviser's contact details.

Please complete all 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. Instructions

Please complete the following:

- write your investor number and investor name as it appears on the latest periodic statement or transaction statement
- complete Section 2 'Appoint, change or cancel a financial adviser and
- sign the form as per Section 5 'Signing instructions'.

2. Send your documents to us

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

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

Scan and email to: jh_transactions@unitregistry.com.au
Please include your investor number in the subject line of your email.

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 for the relevant Fund. The Additional Information Guide 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 Appoint, change or cancel a financial adviser 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 and our respective privacy policies, which can be accessed at www.janushenderson.com/australia.

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Section 1. Investor details

Investor number	
Investor name	

Section 2. Appoint, change or cancel a financial adviser

I/We wish to:

☐ Appoint/change a financial adviser

☐ Cancel a financial adviser

Please provide details of your financial adviser.

Dealer group name	
Adviser name	
AFSL number	
Authorised representative number	

Section 3. Operating your account

Do you want your financial adviser to be able to operate your account?

☐ Yes ☐ No

In general, an appointed financial adviser can do everything you can do with your investment, except appoint another person to operate your account. It is important to tell us promptly if you no longer wish your financial adviser to operate your account, or if your financial adviser changes – we will keep accepting their instructions until you or your financial adviser advise us in writing that the appointment has terminated.

We may suspend or terminate their appointment for any reason considered reasonable, and may change the terms on which they operate your account.

You indemnify us from any loss you or suffer as a result of the actions of your appointed financial adviser, and agree to ratify their actions if we ask.

Section 4. Appointment of a financial adviser

Your financial adviser will have online access to your account. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Email address	

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Notice to financial adviser

This section should be completed by your financial adviser.

By completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on this product.

If you would like to register for Janus Henderson Portfolio Online to view your client's investment information, please complete the below.

Financial adviser contact details

Business address Note: A PO Box/RMB/Locked Bag is not acceptable.			
Property name/building name (if applicable)			
Unit	Street number		
Street name			
Suburb	State	Postcode	Country
Postal address (if different to business address) Note: A PO Box/RMB/Locked Bag is acceptable.			
Property name/building name (if applicable)			
Unit	Street number		
Street name			
Suburb	State	Postcode	Country

Contact details

Business number (include country and area code)	
Mobile number (include country code)	
Financial adviser signature	[Sign here]
Please print full name	
Date	D D / M M / Y Y Y Y

Section 5. 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. 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	D D / M M / Y Y Y Y

Company officer (please indicate company capacity)

- ☐ Director
- ☐ Sole director and company secretary
- ☐ Authorised signatory

Signature of investor 2, director or authorised signatory	[Sign here]
Please print full name	
Date	D D / M M / Y Y Y Y

Company officer (please indicate company capacity)

- ☐ Director
- ☐ Sole director and company secretary
- ☐ Authorised signatory