



Please return this completed form to:

State Street Australia Limited
Attention: Unit Registry
Level 14
420 George Street
SYDNEY NSW 2000
Australia
email: ssaltrading@statestreet.com

Change of Details Notification Form

Account number

--	--	--	--	--	--	--	--	--	--	--	--

Account name

A Reason(s) for completing this form

Please indicate below the details you wish to amend and complete the applicable sections:

- Change of residential address – **Section B**
- Change of postal address/contact details – **Section C**
- Change of name – **Section D**
- Change of communication election(s) – **Section E**
- Change of bank account – **Section F**
- Change of distribution election – **Section G**
- Notification of tax file number (TFN) and Australian Business Number (ABN) – **Section H**

B Change of residential address

Investor 1 or Company / Partnership / Trust / Superannuation Fund

New residential address (Note: PO Box is not acceptable)

Postcode				

Investor 2

New residential address (Note: PO Box is not acceptable)

Postcode				



C Change of postal address/contact details

Please complete this section if your contact details have changed. All communications will be sent to the details provided below.

Contact name

Company name (if applicable)

Postal address

<input type="text"/>				
<input type="text"/>				
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home number (include area code)

Business number (include area code)

Mobile number

Fax number

Email address (Investor 1)

Email address (Investor 2)

**D Change of name****Investor 1 or Company / Partnership / Trust / Superannuation fund****New surname or company name****New given name(s)****Old signature****New signature****Date****Investor 2****New surname****New given name(s)****Old signature****New signature****Date**

Please note: For all change of name requests an original signed wet ink copy of this form must be posted to State Street Australia using the address details at the top right hand corner of this form. If your name has changed, please attach an original certificated copy of the documentation by which you registered your change of name, such as a Marriage Certificate or change of name certificate. Please also provide either a Driver's License, State or Territory Proof of Age card or a Passport. (A number of persons can certify a document under anti-money laundering and counter-terrorism financing laws, including a Justice of Peace, Australian Post agent, bank officer/manager, accountant, Lawyer, Police officer or notary).

E Change of communication election**Investor Correspondence**

Our preferred method for sending investor correspondence (such as transaction confirmations, periodic distribution and tax statements, on-going disclosures and other material) is via email. Please indicate your preference below if you wish to change your election by ticking one of the boxes:

- Email** – I wish to receive all investor correspondence by email.
- Post** – I wish to receive all investor correspondence by post.

Annual/Semi Annual Financial Reports

The Annual and Semi Annual Financial Reports (if applicable) are made available to investors. Please indicate if you wish to change method of receipt by ticking one of the following boxes:

- Email** – I wish to receive the Annual Financial Report(s) for those fund(s) in which I am invested by email, and I acknowledge and agree that this is a standing request by me until further notice by me.
- Post** – I wish to receive the Annual Financial Report(s) for those fund(s) in which I am invested by post, and I acknowledge and agree that this is a standing request by me until further notice by me.
- I do not wish to receive** the Annual Financial Report(s) for those fund(s) in which I am invested, and I acknowledge and agree that this is a standing request by me until further notice by me.



F Change of bank account

The bank account details you provide below will replace the previously nominated account and will be held on record and maintained to pay any future withdrawal proceeds and/or income distributions. This account must be in the name of the investor and we will not pay to a third party bank account. Please check these details carefully as it is your responsibility to ensure all payee account details are correct. Incorrect details may result in a loss of funds and we do not guarantee their recovery. We do not accept any liability for funds unable to be recovered.

Please note: This request will not cancel any distribution reinvestment election made previously (if any) unless we receive specific instructions from you in section G of this form.

Name of financial institution

Account name

BSB

 -

Account number

Please note: You should write the account number exactly as it is shown on your bank statement.

G Change of distribution election

You may elect to change your distribution method for the fund(s). Any change must be made not less than 15 Business Days before the distributions to which the notice applies. Please indicate your preference and change below.

Fund Name	Reinvestment	Pay to bank
AQR Wholesale Delta Fund - Class 1F	<input type="checkbox"/>	<input type="checkbox"/>
AQR Global Risk Premium Trust - Class 1F	<input type="checkbox"/>	<input type="checkbox"/>
AQR Wholesale Managed Futures Fund - Class 1P	<input type="checkbox"/>	<input type="checkbox"/>
AQR Style Premia Trust – Class 1P	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

H Notification of ABN/TFN

If you chose not to quote your ABN/TFN or claim an exemption, we are required to deduct tax at the highest marginal rate plus the Medicare levy from any distribution payable to you. If you provide your ABN/TFN, we will apply this automatically to any future investments in our Funds unless you indicate to us otherwise.

Tax File Number exemption details

Any applicants who has a TFN but is exempt from tax should still quote their TFN. Exempt applicants should then indicate their exemption in the relevant section of this form to avoid tax being deducted from any distribution. Applications in the name of a trustee on behalf of a minor should also quote a TFN.

**Section H cont.****Investor 1 / Company / Partnership / Trust / Superannuation Fund****Name****ABN/TFN or Exemption** - - **Investor 2****Name****ABN/TFN or Exemption** - - **I Declaration and signature**

By signing this form, I/we:

- declare that I/we have read and understand the current (and any Supplementary) PDS for the relevant fund(s);
- declare that all details provided in this request form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- (If signing under power of attorney) declare that I/we have not received notice of revocation of that power;
- acknowledge and agree to be bound by the declarations and conditions provided by me/us as outlined in section K of the relevant Application Form;
- acknowledge that investments in the fund(s) are subject to investment risk. For further information on the risks associated with the fund(s) please refer to the relevant PDS.

Investor Type	Who should sign
Individual	where the investment is in one name, the investor must sign
Joint investors	where the investment is in more than one name, all investors must sign
Company	two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
Trust	each trustee must sign or, if a corporate trustee, then as for a company
Partnership	each partner
Association or Registered co-operative	each office bearer
Government body	relevant principal officer/authorized signatory
Power of attorney	if signed by the unit holder's attorney, the power of attorney must have been previously been provided. If not a certified copy of the power of attorney as well as a certified copy of the Power of Attorney's driver's license, passport or other photo identification which confirms the name, address and contains their signature must be attached to this form



Signature 1

x

Name

Date

Title

- Investor 1 (individual) Director
- Secretary Sole director & secretary
- Non-corporate trustee Partner
- Other office bearer or attorney (please specify)

Signature 2

x

Name

Date

Title

- Investor 2 (individual) Director
- Secretary Sole director & secretary
- Non-corporate trustee Partner
- Other office bearer or attorney (please specify)