



AUTHORISED CONTACTS

**Unitholder Number
(Existing Investors only)**

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Full Name(s) of Registered Holding

Registered Address

Postcode					

The below-listed authorised contacts will receive periodic information regarding the above securityholding, and from time to time regarding the Fund, from the registry and GPTFM. This information includes (but is not limited to) investment-specific monthly holding statements, transaction statements, distribution notices and annual tax statements, and GWSCF and GPTFM-specific information such as preliminary notices, EUV and CUV statements, ad-hoc communications regarding corporate actions in GWSCF and Notice of Meetings. Please note, we will be unable to provide specific information regarding your securityholding or the Funds to any individual unless their name appears on the authorised contact list below, or unless we are directed to do so in writing by an existing authorised contact. Instructions regarding the sale or purchase of securities, payment (SSI) instructions or DRP participation / cancellation instructions must be accompanied by the current Authorised Signatory List, noting Power of Attorney, Management or Custodial Agreement where relevant.

SECTION A – PRIMARY CONTACT DETAILS

Name (Required)

INVESTOR / ADVISOR / CUSTODIAN (Please circle)

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Email address (Required)

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Company Name & Title (GPTFM use only)

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SECTION B – SUPPLEMENTARY CONTACT DETAILS

Name (Required)

INVESTOR / ADVISOR / CUSTODIAN (Please circle)

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Email address (Required)

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Company Name & Title (GPTFM use only)

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SECTION B – ADDITIONAL SUPPLEMENTARY CONTACT DETAILS

Name (Required)

INVESTOR / ADVISOR / CUSTODIAN (Please circle)

Email address (Required)

Company Name & Title (GPTFM use only)

Name (Required)

INVESTOR / ADVISOR / CUSTODIAN (Please circle)

Email address (Required)

Company Name & Title (GPTFM use only)

Name (Required)

INVESTOR / ADVISOR / CUSTODIAN (Please circle)

Email address (Required)

Company Name & Title (GPTFM use only)

Name (Required)

INVESTOR / ADVISOR / CUSTODIAN (Please circle)

Email address (Required)

Company Name & Title (GPTFM use only)

Name (Required)

INVESTOR / ADVISOR / CUSTODIAN (Please circle)

Email address (Required)

Company Name & Title (GPTFM use only)



SECTION C – AUTHORISED SIGNATORIES

Signatory 1

Name, company and title

Signatory 2

Name, company and title

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT: PLEASE PROVIDE CURRENT ASL/POA/MIA WITH SPECIMEN SIGNATURE LIST.