



#### Client Services contact details

**Phone**  
+61 3 9691 6191

**Email**  
invest@k2am.com.au

**Website**  
www.k2am.com.au

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## Switch Form

**K2 Asian Absolute Return Fund**

**K2 Australian Absolute Return Fund**

Use this form if you are an existing investor and wish to switch your investment.

**1. Read and ensure you understand the Product Disclosure Statement (PDS) for the fund you are switching into.**

The PDS is available on our website [www.k2am.com.au](http://www.k2am.com.au) or from your financial adviser.

**2. Please complete all relevant sections in block letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.**

Please double check that you have done the following:

- entered your account number and account name as they appear on the latest periodic or transaction statements
- entered your switching details, the number of units or the AUD value you wish to switch
- ticked the 'Standing instruction' box (if applicable) in section 3
- signed the form as per the 'Signing instructions' in section 4.

**3. Send your documents to us.**

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

Send by Post: K2 Asset Management  
GPO Box 3993  
Sydney NSW 2001  
Australia

Fax forms to: +61 2 9252 1987

Scan and email to: [k2am@boardroomlimited.com.au](mailto:k2am@boardroomlimited.com.au)

Please include your account number in the subject line of your email

#### Legal notices

K2 Asset Management Ltd AFSL No. 244393 (**K2**) is the issuer of units in the K2 Asian Absolute Return Fund and K2 Australian Absolute Return Fund (together, the **Funds**).

K2 is committed to ensuring the confidentiality and security of your Personal Information. We handle your Personal Information in accordance with the Privacy Act 1988 and our Privacy Statement, which can be accessed on our website [www.k2am.com.au](http://www.k2am.com.au)

# Switch Form

## 1. Investor details

Account number

Account name

## 2. Switch details

I/We wish to make a  Full switch  Partial switch

If you are making a partial switch please specify the number of units or dollar amount you wish to switch. To keep your account open, we currently require a minimum balance of AUD 20,000. If your balance after the switch is lower than the minimum we will contact you as we will be unable to process your request.

### Switch from

K2 Asian Absolute Return Fund

No. of units  .

or AUD amount  .

K2 Australian Absolute Return Fund

No. of units  .

or AUD amount  .

### Switch to

K2 Asian Absolute Return Fund

K2 Australian Absolute Return Fund

## 3. Existing instructions

If you tick this box you confirm that your existing instructions (distribution, reporting preferences and banking details) continue to apply to your investment in the above fund(s). If you wish to change your instructions, please complete the relevant form, available from [www.k2am.com.au](http://www.k2am.com.au), under the 'Forms' section.



## 4. Acknowledgments and signatures

You agree that by signing this form:

- you confirm that you have read and understood the relevant product disclosure statement(s) for the K2 Asian Absolute Return Fund, K2 Australian Absolute Return Fund, 7 February 2023, and agree to be bound by such documents
- you have made your own appraisals before investing in the relevant Fund and have not relied upon any statements made by us other than those in the PDS
- you agree to indemnify us against any loss, liability, damage, claim, cost or expense incurred as a result of any information, representation, declaration, statement or acknowledgement or confirmation in this form being untrue or incorrect, or as a result of or in connection with your direct debit request (if applicable)
- if you are investing as a trustee for a trust, you confirm that you are acting within your powers and authority under the trust deed
- you authorise us to do anything on your behalf that is necessary for units to be issued based on this form, including signing or completing any necessary documents
- you acknowledge that we are not responsible for any delays in receipt of this form and that we do not guarantee the Funds' performance or any repayment of capital
- you declare that the information provided is complete and accurate and we are not liable for any loss arising from processing this form as a result of compliance with Australia's anti-money laundering/ counter-terrorism financing laws, and
- if we determine that you are ineligible to hold units in the Fund(s), you appoint us to submit a withdrawal request on your behalf in respect of all your units in the Fund(s).

### Signing instructions

**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 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. 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

Please print full name

Date

D	D	M	M	Y	Y	Y	Y
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Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date

D	D	M	M	Y	Y	Y	Y
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Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory

