

Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL) 'Commonwealth Financial Services' is a registered business name of CFSIL.

Authority of Agent/s Conditions

In this document we call: Unitholders

you,your

Colonial First State Investments Limited we, us (the Responsible Entity)

The persons nominated in the 'Authority of Agent/s' on the attached form shall have power, in accordance with the terms of the Constitution, on the Funds nominated to;

- Apply for additional units in the nominated Fund/s on your behalf and to sign all documents necessary for that purpose;
- Make requests for repurchases of units and to receive any proceeds of any request for repurchase;
- Obtain information;
- Switch between Funds;
- Amend your income payments and receive income payments; and
- Use or any other function afforded to you.
- 1. Payment by the Responsible Entity, as the Authorised Agent directs shall, for the purposes of the Constitution, constitute good discharge of the Responsible Entity.
- 2. Where the Authorised Agent is a corporation or partnership the powers vested in that Authorised Agent are deemed to extend, respectively, to any director, partner or authorised officer of the Authorised Agent subject to the provision of any documentation required by us.
- 3. The appointment of an Authorised Agent shall continue until the Responsible Entity receives written notification from you cancelling the authorisation. You are the only party who can execute such notification.
- 4. We may, with the written approval of the Responsible Entity, cancel or vary these conditions or cancel the appointment by providing you fourteen days' prior written notice after which we shall not be obliged to act on the instructions of any Authorised Agent or shall act upon such instructions subject to the conditions as varied as the case may be.
- 5. You release, discharge and agree to indemnify and keep indemnified the Responsible Entity from and against all actions, proceedings, accounts, claims and demands in respect of any liabilities arising out of the appointment of any Authorised Agent or the use of this facility or otherwise.
- 6. You agree that neither you nor any person claiming through you has any claim against the Funds or the Responsible Entity, relating to any instruction received from your Authorised Agent or any person reasonably believed by us to be your Authorised Advisor.

Please retain this document for your records



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Account Number:	
I wish to appoint the following person or company as a Author	rised Agent for the operation of the Fund/Trust.
I/We agree to the attached conditions relating to the appointm	ent of a Authorised Agent.
Please indicate by ticking the appropriate box.	
 Any party may sign Any two parties may sign All parties must sign Other (please specify) 	
Signature	Signature
X	X
Name	Name
Signature	Signature
X	X
Name	Name

The appointment must be signed by individual applicants or executed under Power of Attorney or under seal. If signed under Power of Attorney, I /we declare that I/we have not been given notice of revocation of the Power of Attorney by which this application is signed.

Signature(s)	
X	X
Date	