

Northern Trust International Fund Administration Services (Ireland) Limited Registration Department, City East Plaza - Block A, Towlerton, Ballysimon Road, Limerick,

Ireland V94 X2N9

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To whom it may concern,	
I can confirm that I wish to register the following Postal/Email Address/Telephone Number/Fax Number:	
To the following account number/name (please list each account number & name):	
In the Fund:	
To receive the following information: (please tick as appropriate)	
Statement	
Contract Note (Subscription & Redemption)	
Contract Note (Transfer)	
Distribution Voucher	
All Documents	
Kind regards,	
Authorised Signatories *	Print Name:

\*The number of signatories required is dictated by either your authorised signatory list that we hold on file, or in the case of an Individual Investor the number of signatories on your initial application form. The Authorised signatories are Officers or representatives with the powers to commit the authorising organisation to a binding agreement. Also referred to as a signing officer.

<u>Please note that the administrator no longer requires original documentation.</u>

Where a signature is required, instructions must be provided by an authorised signatory or signatories.

Thank you for taking the time to complete this form. Changes will take effect within 5 working days of receipt of this form, however if this request is for multiple accounts then this timeline will be increased. Future information will be issued to you automatically to the email address you have submitted.

## Please Return Via the Funds Instructions Mailbox: SanlamTAInstruction@ntrs.com