

FIRST SENTIER FUNDS OPTIONAL ACCOUNT SERVICES

MAIL TO:

First Sentier Funds P.O. Box 4766 Chicago, IL 60680-4766 Phone Number: 866-811-6468

OVERNIGHT EXPRESS:

First Sentier Funds C/O Northern Trust Company 333 S Wabash Avenue, W-38 Chicago, IL 60604

Phone Number: 866-811-6468

USE THIS FORM TO:

- 1. Authorize Telephone Purchase, Exchange and Redemption Privileges on your account;
- 2. Provide banking information for the Electronic Transfer of Funds between your First Sentier Funds account(s) and your checking or savings account;
- 3. Establish an Automatic Investment Plan for your First Sentier Funds account.

OPTIONAL ACCOUNT SERVICES FORM (Applies to non-IRA accounts only)

I WOULD LIKE TO ADD/UPDATE THE INFORMATION ON THE FOLLOWING ACCOUNT:									
	Plec	se type or print clearly.							
	ACC	DUNT NUMBER							
	OWNER'S NAME (FIRST, MIDDLE, LAST) JOINT OWNER'S NAME (FIRST, MIDDLE, LAST) STREET DAYTIME TELEPHONE		OWNER'S SOCIAL SECURITY (OR TAX ID) NUMBER						
			JOINT OWNER'S SOCIAL SECURITY (OR TAX ID) NUMBER CITY, STATE, ZIP						
			EVENING TELEPHONE						
2	PLE	PLEASE CHECK THE OPTIONS YOU WISH TO ADD TO YOUR ACCOUNT							
	☐ TELEPHONE EXCHANGE/REDEMPTION BY CHECK Allows you to redeem and exchange shares in one First Sentier Funds for shares of another in an identically registered account. Note: You are <u>not</u> required to complete Section C for this option.								
		TELEPHONE PURCHASE AND REDEMPTION BY AUTOMATED CLEARING HOUSE (ACH) NETWORK TRANSFER							
		Complete Section C to establish Telephone Purchases a an ACH member.	nd Redemptions by ACH on your account. Please check with your bank to make sure it is						
		TELEPHONE REDEMPTION BY WIRE							
		Complete Section C to establish Talanhana Padamatian	s by wire an your account						

	AUTOMATIC INVESTME	NT PLAN										
		nt. The number of days	the Automatic In	vestment Plan take	es to establish de	r by electronically debiting your epends on the timing of your request						
	the □ 5 th □ 10 th □ 15 th □ d(s) as indicated.	20 th day of each month,	beginning in the m	nonth of	, please	invest the following amounts in the						
	• •	omatic Investment, the 20t	h of the month will	he selected as the	investment date I	f the selected date falls on a weekend						
If you do not select a date for Automatic Investment, the 20th of the month will be selected as the investment date. If the selected date falls on a weekend or holiday, your Automatic Investment will take place on the next available business day.												
	,,,	,		,								
	The minimum initial investment must be met to use this option.											
The	se instructions apply to the follo	owing Fund(s) in the desig	nated amount:									
Fur	nd Name		Fund Number	Minimum	Additional Minimum	Amount						
Fire	st Sentier Global Listed Infrastr	ucture Fund Cl I	101	\$1M	None							
Fire	st Sentier American Listed Infra	structure Fund Cl I	102	\$1M	None							
Con	omatic investment plan. Please			payment of redemp	otions or distribution	ons, or if you are establishing an						
NAM	e on bank account											
BANK	(NAME		BANK ADDRESS									
ACCO	ACCOUNT NUMBER ROUTING NUMBER											
	Checking Account Savings	s Account										
		John Doe 5302 11st Anywhere, USA 1234	VOI		\$							
						_						

2 PLEASE CHECK THE OPTIONS YOU WISH TO ADD TO YOUR ACCOUNT (continued)

STARTER CHECKS AND COUNTER CHECKS WILL BE REJECTED

Important: For checking accounts, a voided check is required, preprinted with bank account registration/owner names. For savings accounts a deposit slip with information necessary to complete electronic funds transfer including routing number, account number and bank account registration/owner name is required. An official bank letter from your financial institution may be accepted in lieu of a voided check/deposit slip, provided that it is on a bank letter head with: the routing number, account number and bank account registration/owner name(s) appear on the document that is signed by a bank official, providing their name & title. You must be an owner of the bank account in order for the bank account to be added.

DAINK	BANK INFORMATION (continued)							
If the owner of the bank account listed above is not an owner of the fund account in section 1, a signature is requite authorize the use of the requested bank instructions.								
BANK ACCOUNT OWNER								
SIGNATURE	PRI	INTED NAME	DATE					
SIGNATURE	PRI	INTED NAME	DATE					
PLEASE	SIGN HERE. ALL REGISTERED OWNERS MU	ST SIGN BELOW.						
for a period of 30 days, and that all checks will be issued in the name(s) of all registered owner(s). Medallion Signature Guarantee: to add bank information to your account as indicated above, all registered owners must have their signature(s) guaranteed by an eligible guarantor institution. An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency of savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchange Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.								
SIGNATUR	E: ACCOUNT OWNER	DATE:						
SIGNATUR	E: JOINT ACCOUNT OWNER	DATE:						
Affix M	edallion STAMP: Financial institution: Place Medallion Guarantee or Signature Validation Program stamp here.		on: Place Medallion Guarantee or tion Program stamp here.					

SIGNATURE OF OFFICER AND TITLE