

If you are an existing investor in State Street Funds and wish to change your account details **please complete this form in black ink using CAPITAL letters**. You should consult your financial adviser if you have any questions about which fund(s) may suit your particular circumstances.

If you have any questions on how to complete this form please call our State Street Client Services team on 1300 382 689.

Send your documents to us. You can return your form to the Unit Registry by post, fax or email according to the details below:

Send by post: State Street Unit Registry
GPO Box 804
Melbourne VIC 3001
Australia

Fax forms to: 1300 286 587

Scan and email to: SSGA.transactions@unitregistry.com.au.

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

The Responsible Entity for the State Street Funds is State Street Global Advisors, Australia Services Limited (SSGA ASL), ABN 16 108 671 441.

1. Investor Details

Investor Number

Investor Name

2. Reason for Completing This Form

Please specify the details you wish to modify by selecting one or more of the boxes below using an 'X' and then completing the relevant sections.

- Change of contact details — Complete sections 3 and 8
- Change of name* — Complete sections 4 and 8
- Change of bank account details — Complete sections 5 and 8
- Change of distribution election — Complete sections 6 and 8
- Notification of Tax File Number or tax status — Complete sections 7 and 8

*** Please note any change of name request must be sent by post along with any required supporting documents such as an original certified copy of the document by which you registered your name change and your driver's licence (see section 4 below).**

3. New Contact Details

Please complete both existing and new details for security purposes by completing appropriate boxes.

Existing Residential or Registered Office Address (PO Box is NOT acceptable)

Unit No.	<input type="text"/>	Street No.	<input type="text"/>	Street Name	<input type="text"/>
Suburb	<input type="text"/>			State	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>		

New Residential or Registered Office Address (PO Box is NOT acceptable)

Unit No.	<input type="text"/>	Street No.	<input type="text"/>	Street Name	<input type="text"/>
Suburb	<input type="text"/>			State	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>		

Existing Principal Place of Business Address (PO Box is NOT acceptable)

Unit No.	<input type="text"/>	Street No.	<input type="text"/>	Street Name	<input type="text"/>
Suburb	<input type="text"/>			State	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>		

New Principal Place of Business Address (PO Box is NOT acceptable)

Unit No.	<input type="text"/>	Street No.	<input type="text"/>	Street Name	<input type="text"/>
Suburb	<input type="text"/>			State	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>		

Existing Postal Address

Unit No.	<input type="text"/>	Street No.	<input type="text"/>	Street Name	<input type="text"/>
Suburb	<input type="text"/>			State	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>		

New Postal Address

Unit No.	<input type="text"/>	Street No.	<input type="text"/>	Street Name	<input type="text"/>
Suburb	<input type="text"/>			State	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>		

Change of Phone Number

Old Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	New Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Old Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	New Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

New Email Address

This email address is the default address for all investor correspondence such as truncation, confirmations and statements.

Old Email Address	<input type="text"/>
New Email Address	<input type="text"/>

Change of Details Form

4. Name Change

If you have changed your name, please attach an original certified copy of the documentation by which you registered your change of name, such as a Marriage Certificate or Deed Poll. Please also provide a certified copy of your passport or driver's licence with your new name for Anti-Money Laundering purposes.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other	<input type="text"/>
New Surname or Entity name	<input type="text"/>					
New Given Name(s)	<input type="text"/>					
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Old Signature	<input type="text"/>					
New Signature	<input type="text"/>					
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. New Bank Account

These new banking details will apply to distributions and/or withdrawal proceeds. The details entered below will replace the previously nominated bank account we have on file for your investment account. This account must be with an Australian Authorised Deposit-taking Institution (ADI) and must be in the name of the investor. We will not pay to a third party or offshore bank account.

Name of Australian Financial Institution	<input type="text"/>														
Branch	<input type="text"/>														
Account Name	<input type="text"/>														
BSB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This request will not change any distribution reinvestment election made previously (if any) unless we receive specific instructions from you below in Section 6 of this form.

6. Change Of Distribution Election

You may elect to reinvest your distributions as additional units in the fund(s) OR receive them as cash. Please state how you would like your distributions paid by selecting one of the boxes below using an 'X'. If you choose to have distributions paid into your Australian bank account we will make payment to the account you have previously provided.

Fund Name	APIR Code	ISIN	Fund Code	Reinvest	Pay to My Account
Active					
State Street Australian Equity Fund	SST0048AU	AU60SST00480	RBZZ	<input type="checkbox"/>	<input type="checkbox"/>
State Street Floating Rate Fund	SST4725AU	AU60SST47259	QSYA	<input type="checkbox"/>	<input type="checkbox"/>
State Street Global Equity Fund	SST0050AU	AU60SST00506	Q3AS	<input type="checkbox"/>	<input type="checkbox"/>
State Street Multi-Asset Builder Fund	SST0052AU	AU60SST00522	7F60	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced					
State Street Global Index Plus Trust	SST0010AU	AU60SST00100	7F3J	<input type="checkbox"/>	<input type="checkbox"/>
State Street Global Index Plus (Hedged) Trust	SST0021AU	AU60SST00217	7F7L	<input type="checkbox"/>	<input type="checkbox"/>
Indexed					
State Street Australian Cash Trust	SST0003AU	AU60SST00035	Q3U9	<input type="checkbox"/>	<input type="checkbox"/>
State Street Australian Equities Index Trust	SST0004AU	AU60SST00043	Q3TP	<input type="checkbox"/>	<input type="checkbox"/>
State Street Australian Fixed Income Index Trust	SST0005AU	AU60SST00050	Q3U6	<input type="checkbox"/>	<input type="checkbox"/>
State Street Australian Listed Property Index Trust	SST0007AU	AU60SST00076	Q3TY	<input type="checkbox"/>	<input type="checkbox"/>
State Street Global Fixed Income Index Trust	SST0009AU	AU60SST00092	Q3U7	<input type="checkbox"/>	<input type="checkbox"/>

Change of Details Form

Fund Name	APIR Code	ISIN	Fund Code	Reinvest	Pay to My Account
Indexed (cont'd)					
State Street International Equities Index Trust	SST0013AU	AU60SST00134	Q3TW	<input type="checkbox"/>	<input type="checkbox"/>
State Street International Equities Index (Hedged) Trust	SST0022AU	AU60SST00225	7FLL	<input type="checkbox"/>	<input type="checkbox"/>
State Street Low Carbon ESG International Equities Index Trust	SST0057AU	AU60SST00076	Q3TX	<input type="checkbox"/>	<input type="checkbox"/>
State Street Passive Balanced Trust	SST0016AU	AU60SST00167	Q5VJ	<input type="checkbox"/>	<input type="checkbox"/>

7. Notification of TFN/ABN or Reason for Exemption and Tax Status

Please complete if your tax status has changed

- Australian resident
 Non-resident (please specify country)

Investor/Company/Partnership/Superannuation Fund/Trust/Association

TFN or Exemption

ABN

If you are a US citizen or US resident for tax purposes provide your US Taxpayer Identification (TIN):

8. Declaration and Signature

By signing this form, I/We

- Declare that I/we have read and understood the terms and conditions of the current PDS, Information Booklet, Application Form and Constitution of the relevant Fund(s);
- Declare that all details disclosed in this form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- Declare that if this form is signed under a Power of Attorney, I/we have not received a notice of revocation of that Power of Attorney;
- Acknowledge that all personal information is collected in accordance with State Street's Privacy Policy available at ssga.com, and consent to my/our personal information being used in the manner described in the Privacy Policy as amended from time to time.
- Authorise SSGA ASL and the Unit Registry to act upon instructions by post, email, or facsimile (as applicable) with regard to any matter in connection with my/our investment in the fund(s) without liability in respect of any payment, transaction or any other act done in accordance with such instructions and notwithstanding the same was not signed or sent by me/us.

Signature of Investor(s) (Please provide full name)	Title (eg. Trustee/ Director/ Secretary/ Individual/ Power of Attorney)	Date
1. Signature Name		
2. Signature Name		

A company must execute by signature of a director and company secretary or two directors or in the case of a sole director company, by that director. If the form is completed under Power of Attorney, a certified copy of the power of attorney must have been previously provided to the registry. Where the investment is in more than one name, all investors must sign.