
6. Please indicate Agent and/or officers being added or deleted from authorised officers list:

Name, title and sample signatures of all company officers entitled to operate the Account

Please add the following persons

Given names _____ Surname _____

Title _____ Signature _____

Given names _____ Surname _____

Title _____ Signature _____

Given names _____ Surname _____

Title _____ Signature _____

Please delete the following persons

Given names _____ Surname _____

Title _____ Signature _____

Given names _____ Surname _____

Title _____ Signature _____

Given names _____ Surname _____

Title _____ Signature _____

7. Residential address (individuals) or Registered Business Address (company/ superannuation/ fund/ other)

Street _____

Suburb _____ State _____ Postcode _____

Telephone Home _____ Business _____

Email _____

8. Change of Name

Please provide your new name

Mr Mrs Miss Ms Other _____

Surname (Family Name) PLEASE PRINT _____

Given names _____

Company name / Superannuation Fund _____

Please attach evidence of your change of name eg: certified copy of your marriage certificate or deed poll.

Previous signature _____ Date / /

Current signature _____ Date / /

9. Change of Address

Note: We cannot accept your financial Advisor's address as your postal address

Home address (individuals) / Registered business address (companies)

Street _____

Suburb _____ State _____ Postcode _____

Postal address (if same as above, please write 'AS ABOVE')

Street _____

Suburb _____ State _____ Postcode _____

10. Change of Contact Details

Please provide your new contact details

Telephone Home _____ Business _____

Mobile _____ Facsimile _____

Email _____

11. Income Distributions

If you wish to change your income distribution selection, please choose your preferred option from the following:

- Dividend Re-Investment Plan
- Credit my / our Trust Cash Management Fund account or Permanent Cash Management Fund account
- Electronic Funds Transfer to nominated bank account – please provide details below

12. Change of Bank accounts

Financial Institution name

Financial Institution address

BSB

Account Number

Account Name

13. Facilities (only applicable for selected managed funds offering the Instruction facilities)

By selecting or cancelling these facilities, you agree that you have read, understood and agree to the relevant Terms and Conditions set out in the current Product Disclosure Statement for the managed fund selected.

13a. Do you wish to use the telephone withdrawal facility? Please note that this facility is not available for joint or company accounts where all investors are to sign requests as directed in Section A5.

- Yes. I have read and understood the conditions as set out in the current Product Disclosure Statement for the managed fund selected. A Confidential User Access Code will be forwarded to me.
- No. Cancel this facility

13b. Do you wish to use the facsimile facility?

- Yes. I have read and understood the releases and indemnities that apply to these facilities as set out in the current Product Disclosure Statement for the managed fund selected.
- No. Cancel this facility

13c. Do you wish to use BPAY to make additional investments?

- Yes. I have read and understood the conditions as outlined in the current Product Disclosure Statement for the managed fund selected.
- No. Cancel this facility

13d. Do you wish to use the electronic crediting facility to make regular additional investments?

- Yes. I have read and understood the conditions in the current Product Disclosure Statement for the managed fund selected.
- No. Cancel this facility

13e. Would you like to use the deposit book facility to make additional investments?

- Yes. I have read and understood the conditions as outlined in the current Product Disclosure Statement for the managed fund selected.
- No. Cancel this facility

13f. Do you wish to use the internet service?

- Yes. I have read and understood the conditions as outlined in the current Product Disclosure Statement for the managed fund selected. A Confidential Username and Password will be sent to me.
- No. Cancel this facility

Declaration:**14. Who should sign this form?****For units held jointly:**

All parties must sign unless otherwise indicated on the original application form.

Signed under Power of Attorney:

Attorneys must attach a certified copy of the Power of Attorney. The Attorney certifies that he/she has not received notice of revocation of that power. A certified copy of the Power of Attorney must be attached to the completed Third Party Payment form together with identification for the investor and attorney.

On behalf of a Corporation

To be signed in accordance with the instructions provided on the original application form

I/We acknowledge that:

If my/our request is unclear or incomplete, Trust will not complete my/our request until further instructions are received

I/We declare that all the details given in this form are true and correct.

All investors must sign and date this form.

Investor 1 signature

Date / /

Investor 2 signature

Date / /



Company seal (if applicable)

Send your completed Change of Details and Facilities Form with the required documentation to your Advisor or Private Client Services, GPO Box 4270, Sydney NSW 2001.