

# Change of Details Form

## INSTRUCTIONS

Use this form to change your contact details, communication preferences, bank account information, distribution method, financial adviser and TFN/ABN. Please only complete the sections in Step 2 as required.

- Black or blue pen please.
- Please use BLOCK letters.
- Print ✓ in the appropriate boxes.
- If you have any questions about this form please contact us on +61 2 7201 9015 representative of the Company.

Please return the completed form to:

Fax number: +61 2 9475 1417, or

Scan and email: SSG.AUS@apexfs.com

or Post to Apex Fund Services Pty Ltd

Attention: Unit Registry

PO Box 189, Flinders Lane

Melbourne VIC 8009 Australia

## STEP 1 – INVESTMENT DETAILS

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Fund Name

Investor Name

Current Registered Address

Contact number

Please provide the following identifier:

Investor Number

If you have a SRN/HIN, please provide in the box below:

Securityholder Reference Number (SRN)

or

Holder Identification Number (HIN)

## STEP 2 – DETAILS TO BE CHANGED

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### 2.1 - Address

**IMPORTANT:** This section is not applicable if your investment is broker sponsored (HIN). For HIN investors, please contact your broker directly to update your address.

Address

Suburb

State

Postcode

Country

### 2.2 - Contact details

Email

Mobile (include area code)

Home phone (include area code)

Work phone (include area code)

## STEP 2 – DETAILS TO BE CHANGED (CONTINUED...)

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### 2.3 - Communication preferences

We will periodically send transaction confirmations, statements and other material. Please indicate your preference for receiving these communications below:

Email

Post/Mail

### 2.4 - Bank account details

The following account is to be used for all future payments relating to:

Distributions only

Redemptions only

Distributions and Redemptions (*Default if no box selected*)

Account name

Account number

BSB number

Name of financial institution

**IMPORTANT:** Please attached a copy of your bank statement so we can verify the details provided above, unless your investment is broker sponsored (HIN investors).

### 2.5 - Distribution preferences

If payment is to be made into a new bank account, please also complete section 2.4 - **Bank account details** and attach a copy of your bank statement to verify the details provided.

Participation is required in the DRP / Reinvestment

All securities held will participate in DRP / Reinvestment. No cash payment will be issued

Termination of Participation in the DRP / Reinvestment

Only tick this box if you are currently in the DRP / Reinvestment and wish to cancel your participation to have all future distribution payment paid as cash. Please complete section 2.4 to ensure that future payments are made to your nominated bank account.

### 2.6 - New financial adviser details

Adviser Name

Authorised Representative Number  
(ARN or Adviser Code):

Address

Suburb

State

Postcode

Country

Email

Phone number (include area code)

Dealer Group

AFSL Number

Dealer Group ABN

## STEP 2 – DETAILS TO BE CHANGED (CONTINUED...)

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### 2.7 - TFN/ABN details

#### INDIVIDUALS/JOINT HOLDERS

Full Name of Individual

TFN or Exemption of Individual

Full Name of Joint Holder

TFN or Exemption of Individual

### 2.8 - Other entities

Please insert name of Company, Partnership, Trust, Super Fund, etc and indicate "P" for Partnership, "C" for Company and "T" for Trust and "S" for Super Fund etc.

TFN or ABN of Company, Partnership, Trust, Super Fund, etc

For details about who is exempt, please contact the Australian Taxation Office. To claim your exemption, please enter the number of the pension or benefit you receive from the following list:

Description	Exemption Code	Description	Exemption Code
Aged Pension	444444441	Carer's Pension	444444442
Invalid Pension	444444441	Non Profit Organisation	555555555
Rehabilitation Allowance	444444442	Service/Veteran's Pension	444444441
Sole Parent's Pension	444444442	Special Benefit	444444442
Widow's Pension	444444442	Wife's Pension	444444442

## STEP 3 – AGREEMENT AND DECLARATION

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I/we declare that all the details in this form are true and correct. I/we are authorised signatories for the Investor.

### Name 1

Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

### Name 2

Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

### IMPORTANT – SIGNING INSTRUCTIONS:

1. This form must be signed in accordance with the current signing instructions for the Investor that Apex Fund Services Pty Ltd (“Apex”) have on record.
2. If the Investor is a company, or a company acting as a trustee for a trust/fund, the declaration above must be signed by at least two directors of the company or one director and the company secretary. If the Investor is a proprietary company that has a sole director who is also the sole company secretary, the declaration above must be signed by that director.
3. If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please include a certified copy of the power of attorney, if it has not been previously provided, to Apex. If more than two attorneys, please provide names and signatures.

### QUESTIONS

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For more information please contact Apex Fund Services on:

Australia: +61 2 7201 9015

International: +61 8259 8888

Email: [SSG.AUS@apexfs.com](mailto:SSG.AUS@apexfs.com)