

Investor Number:

CHANGE OF BANKING DETAILS (see over page to change your address)

Please use a **black pen**, print in **CAPITAL** letters and mark boxes with an **X** as required

A In which company, fund or other entity have you invested your money?

B Which account must we pay your **INTEREST** to?

BSB number (eg 063000) <input style="width: 100%; height: 20px;" type="text"/>	Account number <input style="width: 100%; height: 20px;" type="text"/>	Name in which account is held (eg JOHN JAMES SMITH) <input style="width: 100%; height: 20px;" type="text"/>
Name of Australian bank or financial institution <input style="width: 100%; height: 20px;" type="text"/>	Name of branch or suburb or town <input style="width: 100%; height: 20px;" type="text"/>	

C Which account must we pay your **PRINCIPAL** (redemption) to?

Do you want us to pay your principal to the same account as your interest (see section B)? If yes, make a cross in this box:

OR, do you want us to pay your principal to a different account? If yes, please give us the details below.

BSB number (eg 063000) <input style="width: 100%; height: 20px;" type="text"/>	Account number <input style="width: 100%; height: 20px;" type="text"/>	Name in which account is held (eg JOHN JAMES SMITH) <input style="width: 100%; height: 20px;" type="text"/>
Name of Australian bank or financial institution <input style="width: 100%; height: 20px;" type="text"/>	Name of branch or suburb or town <input style="width: 100%; height: 20px;" type="text"/>	

Sign section G

CCHANGE OF ADDRESS DETAILS

D What is your former address? (the one you want us to change)

Unit	Street number	Street name (or PO Box or other mail details)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City / Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

E What is your new address? (the one you want us to use from now on)

Unit	Street number	Street name (or PO Box or other mail details)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City / Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have any other postal requirements please write to us setting out the details very clearly

F What telephone number can we use to contact you if we need to ask you a question?

Your telephone number

G Please sign below, after reading the following 6 points

1. These instructions replace any previous instructions.
2. All investors must sign this form.
3. If you are signing under a power of attorney, you are signing to the effect that to the best of your knowledge, the power of attorney is still effective and authorises you to sign this transaction. Please also attach a certified copy of the power of attorney document if you haven't already sent us one.
4. People signing for companies, must show their company titles. Please also note: 2 directors must sign the form. However, if this is a sole director company, then the sole director should sign, stating their title as "sole director".
5. Due to the risks associated with payments to third parties, third party payment instructions will not be accepted.
6. **If you would like these changes to take effect before your next payment, please make sure we receive this form at least 14 working days before the payment date.**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	

Sign here