

Date   /   /



# FUNDHOST

Fundhost Limited  
 PO Box N561  
 Grosvenor Place NSW 1220

▪ **If you are changing your address or bank details, we MUST receive the original of this form by post.**

▪ For all other instructions, please sign and post, email or fax this form.

**Questions?**

Please contact Fundhost if you have any queries.

T: +61 (0)2 8223 5400

F: +61 (0)2 9232 8600

E: admin@fundhost.com.au

**Re: Investor Detail Change Request**

My investor details are:

**Investor number:**

**Investor name:**

**Investor address:**

Can you please make the change/(s) shown below to my investment account with: (insert name of fund/(s))

Fund

ITEM CHANGED	FROM	TO
<input type="checkbox"/> Address Change* <input type="checkbox"/> Residential address <input type="checkbox"/> Postal address	Address: <input type="text"/> <input type="text"/> <input type="text"/>	Address: <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Bank Account Change* <input type="checkbox"/> Distribution bank account <input type="checkbox"/> Redemption bank account <input type="checkbox"/> Savings plan bank account	Account Name: <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Name: <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Email Address Change	Email: <input type="text"/> <input type="text"/>	Email: <input type="text"/> <input type="text"/>
<input type="checkbox"/> Phone Number Change	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"/> <input type="text"/>	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"/> <input type="text"/>
<input type="checkbox"/> Distribution Preference Change	<input type="checkbox"/> Distribution Reinvestment <input type="checkbox"/> Distribution paid to bank account	<input type="checkbox"/> Distribution Reinvestment <input type="checkbox"/> Distribution paid to bank account <input type="checkbox"/> Pay to bank account on file <input type="checkbox"/> Pay to new bank account*
<input type="checkbox"/> Supply <input type="checkbox"/> Tax File Number <input type="checkbox"/> Australian Business Number	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"/> <input type="text"/> <input type="text"/>	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"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Monthly Savings Plan	\$ <input type="text"/> per month	\$ <input type="text"/> per month
<input type="checkbox"/> Adviser Change	Name: <input type="text"/> Dealer Group: <input type="text"/> Advisory Firm: <input type="text"/> 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"/> <input type="text"/> <input type="text"/> <input type="text"/> Email: <input type="text"/> <input type="text"/>	Name: <input type="text"/> Dealer Group: <input type="text"/> Advisory Firm: <input type="text"/> 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"/> <input type="text"/> <input type="text"/> <input type="text"/> Email: <input type="text"/> <input type="text"/>

Yours faithfully,

X

Authorised signatory

X

Authorised signatory

\*We must receive the original of this form by post.