

Date / /

 Fundhost Limited
 PO Box N561
 Grosvenor Place NSW 1220

- **If you are changing your 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.

Re: Investor Detail Change Request

My investor details are:

Investor number:

Investor name:

Investor address:

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

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"/>	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="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"/>	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="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

ITEM CHANGED	FROM	TO
<input type="checkbox"/> Adviser Change	Name: <input type="text"/> <input type="text"/> Dealer Group: <input type="text"/> <input type="text"/> Advisory Firm: <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"/> Email: <input type="text"/> <input type="text"/>	Name: <input type="text"/> <input type="text"/> Dealer Group: <input type="text"/> <input type="text"/> Advisory Firm: <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"/> Email: <input type="text"/> <input type="text"/>

Yours faithfully,

X

Authorised signatory

Print name

X

Authorised signatory

Print name