

# Change of Details Form

## 1. Investment Details

Fund Manager:	<input type="text"/>		
Fund Name:	<input type="text"/>	Unit Class:	<input type="text"/>
Client/Portfolio Name:	<input type="text"/>	Client/Portfolio Number:	<input type="text"/>
Daytime Contact Number:	<input type="text"/>		

## 2. Details to be Changed

I wish to change the following:

- Contact Details       Financial Advisor       Bank Account Details  
 TFN and/or ABN       Distribution Method

## 3. New Contact Details

Please record the follow address details as:

Postal Only       Residential Only       Postal & Residential

Street Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>
Business Phone Number:	<input type="text"/>	Home Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>		

## Change of Details Form Continued

### 4. New Bank Account Details

I wish to nominate the following account to be used for all future payments made for:

Distributions Only       Redemptions Only       Distributions & Redemptions

Name of Financial Institution:

Branch Number:       Account Number:

Account Name:

Note: Please attach a copy of bank statement verifying the details provided above.

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### 5. New Financial Adviser Details

Please change my record to show that my financial adviser is as follows:

Name of Advisor:

Street Address of Advisor:

Suburb:       State:

Postcode:       Phone Number:

Email of Advisor:

Dealer Group:

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### 6. New TFN/ABN Details

I wish to advise the following:

Tax File Number:

Australian Business Number:

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### 7. New Distribution Preference Details

All future distributions are to be:       Reinvested       Paid by Cheque  
 Direct Credited to my nominated Bank Account

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# Change of Details Form Continued

## 8. Declaration and Signatures

Please sign this form below. This form must be signed as per the current signing instructions that we have on record.

If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please mail a certified copy, if it has not been previously provided, to Mainstream Fund Services Pty Ltd.

### 1. Investor or Company Officer:

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Full Name:

Title:  Date:

Signature of the Investor or Company Officer:

### 2. Investor or Company Officer:

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Full Name:

Title:  Date:

Signature of the Investor or Company Officer:

A certified copy of the Power of Attorney is being mailed to Mainstream Fund Services Pty Ltd to accompany this form:

Yes  No

### Please send your signed form to:

Mainstream Fund Services Pty Ltd  
ACN 118 902 891  
Level 1, 51-57 Pitt Street  
Sydney NSW 2001  
Email: registry@mainstreamgroup.com  
Phone: 1300 133 451

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