

Investment Change of Details Form

Please indicate in which Plan you would like the details to be changed:

- Personal Investment Plan
 Investment Essentials

1. Personal details

Investor 1

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company/Trust name

Male	Female	Date of birth (dd/mm/yy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Investor 2

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company/Trust name

Male	Female	Date of birth (dd/mm/yy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

2. Change of name

New name

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company/Trust name

We require the following documentation for a change of name:

- a certified copy of the marriage certificate if the name change is due to marriage
- a certified copy of a birth certificate and decree nisi if the name change is due to divorce
- a certified copy of a drivers licence, passport or birth certificate and a Certificate of Name Change for any other reason and
- a copy of the Certificate of Change of Name for a company change of name.

2(a). Change of signature

Old signature

New signature

3. Tax File Number (TFN) notification

Investor 1 TFN - -

Investor 2 TFN - -

4. Australian Business Number (ABN) notification

Your ABN - - -

5. Change of contact details

Old contact details

Residential Address

Suburb/town State Postcode Email address

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

Telephone (home) Telephone (business) Mobile

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

Postal Address

Suburb/town State Postcode Email address

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

New contact details

Residential Address

Suburb/town State Postcode Email address

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

Telephone (home) Telephone (business) Mobile

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

Postal Address

Suburb/town State Postcode Email address

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

6. Change of nominated account

Please pay future withdrawals and any regular payments (if appropriate) to the account nominated below.

Financial institution Branch

BSB - Account number

Account name

Please refer to your credit union, building society or bank statement for these details. Do not use the numbers quoted on any plastic card.

7. Regular payment details (Personal Investment Plan)

Please commence regular payments based on the details below; or

Please change my regular payments to the below.

Monthly Quarterly in March, June, September and December Half yearly in June and December Annually in June

The amount I wish to receive is

Amount \$ pa

8. Regular Savings Plan

Please change my current Regular Savings Plan amount Amount \$.00 per month

You can invest a minimum of \$100 per month.

If you wish to commence a Regular Savings Plan, or change any other details relating to your current Regular Savings Plan, please complete the Regular Savings Plan Form.

9. Regular Investment Sweep

- Please commence the regular investment sweep according to my investment profile nominated below.
- Please amend my current regular investment sweep profile to the investment profile nominated below.
- Please cancel my regular investment sweep.

Please list the investment options to be purchased. A minimum of 20% per investment option applies.

Investment options	Reinvest Income ✓	% Amount
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
TOTAL		100%
Implementation Fee (up to 4%)		%

Please note that all cash in excess of your cash account minimum (\$100 and over) will be swept.

10. Privacy

- Please tick this box if you do not wish to receive information on other products and services that may be of benefit to you. Please see the current Product Disclosure Statement for details on privacy and personal information.

11. Signature and confirmations

- I confirm all details above are true and correct.
- I agree to indemnify the responsible entity from any liability arising from these changes.

Signature Investor 1/director Date

	/ /
--	-----

Signature Investor 2/director/company secretary Date

	/ /
--	-----

Financial planner only

Name Telephone

AFSL holder PortfolioNet account number

Referral source BSB number -

- The implementation fee applicable to this application has been recorded in Section 9 of this form.
- I acknowledge that any liability to pay an adviser service fee (to an AFSL holder approved by the Responsible Entity and stated on this form) will not exceed the amount detailed on this form (except for a GST provision) and that the investor or Responsible Entity may cancel or reduce this amount at any time without notice.
- I indemnify the Responsible Entity against any claim arising pursuant to the advice given by me to the investor(s) named on this form.

Signature Date / /