## Change of Details Form



<b>Complete this form</b> to make changes to your personal details or fund details.											Questions? Call Vasco Client Services are available from 9ai +63 3 8352 7120 to 5pm Monday to Friday (Melbourne time														am						
PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS FORM															83!	52	712														
1. Investor details (must be	com	ple	ted	)																											
lavester avabar																ontact phone number(s)															
Investor number										」 1一			or.	itad	ст р [	nor	ie n	um 1	ber(	s) ][											
Account name																															
2. Name of Fund																															
									][							]	][	1			][										
3. New contact details																															
Have you moved overseas		No		Yes	5																										
<b>Residential address</b> (must not be a PO Box)																															
(must not be a ro box)																															
Suburb				][] ]																											
State				F	osto	code	2   										] [								—ır			۱	۱	<u> </u>	7
Country																															
<b>Postal address</b> (if different to above)																															
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Suburb				 																											
State				F	osto	code	2   									1	] [] [								—ır			ı	1	1	
Country												ļ									ļ										
Country of residence																															
Contact details																														][	
Phone (after hours)														Ph	on	e (b	usir		hοι												
Mobile																1		Fa	csin	nile											
Email																															
Contact name for company or other entity		Mr		Ms		Дм	rs		Mis	S		Oth	er																		

## **Change of Details Form**



## 4. Nominated bank account (please complete all sections)

These banking instructions will apply to income distributions and withdrawals and will replace those we may have on file for your account. The bank account must be in the name of the investor.																													
Name of financial institution																													
Branch																													
Account name																													
Branch number (BSB)				_			]									A	cco	oun	t nı	uml	ber								
Swift Code																													
5. Change of income distribution option																													
Please nominate how you would like your income distribution paid:																													
Reinvest distributions Credit bank account																													
6. Annual report options (p	eas	e se	lect	one)																									
I wish to receive the annual report via email (please provide your email address in Section 3).																													
I don't want to receive the annual report																													
I wish to receive a printed copy of the annual report in the mail each year.																													
7. Signatures (must be completed)																													
Each signatory below confirms the	nat t	he h	ave	been c	uly a	utho	orise	ed to	o ex	ecu	te	this	inst	truc	tior														
																					_	 	,	 	_		 — r		
Authorised signatory 1																			Da	te			/						
Surname																													
Given name(s)																													
Position (please select one)		Inve	stor		Direct	or		Tru	stee	e [		Otl	her																
Authorised signatory 2																			Da	ate			/		]/	/[			
Surname																													
Given name(s)																													
Position (please select one)		Inve	stor		Direct	or		Tru	stee	e [		Otl	her																

## Returning this form

Please return this form by post to the following address:

Vasco Trustees Limited Level 4, 99 William Street Melbourne VIC 3000