

Change of instructions form

Please complete all pages of this form in black ink using BLOCK letters. Mark appropriate boxes with a cross like the following ☒. Start at the left of each answer space and leave a gap between words.

1. Investor details (must be completed)

	[grid]
investor number	[grid]
account name	[grid]
	[grid]
contact number*	[grid]
email address*	[grid]

* If you provide your email address we will update our records accordingly. If you are updating your mobile number, we will also require certified identification.

2. Change of investor details

A. Individual and joint account holders

Investor 1 (individual account holder)

title													
Mr		Mrs		Miss		Ms		other					
first name(s)													
last name													
occupation													
date of birth						gender							
D	D	/	M	M	/	Y	Y	Y	Y	male		female	

Residency status for tax purposes

Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the United States, tax residency can also be as a result of citizenship or residency.

Please answer **BOTH** of the following tax residency questions:

1. Are you a tax resident of Australia?

yes	(complete the following details and then proceed to question 2 below)	no	(proceed to question 2 below)
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tax file number (TFN)

or

TFN exemption code

1 2 3 4 5 6 7 8 9 10

Investor 2 (joint account holder)

title													
Mr		Mrs		Miss		Ms		other					
first name(s)													
last name													
occupation													
date of birth						gender							
D	D	/	M	M	/	Y	Y	Y	Y	male		female	

Residency status for tax purposes

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Please answer **BOTH** of the following tax residency questions:

1. Are you a tax resident of Australia?

yes	(complete the following details and then proceed to question 2 below)	no	(proceed to question 2 below)
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tax file number (TFN)

on

TFN exemption code

1 2 3 4 5 6 7 8 9 10 11 12

2. Change of investor details (continued)

A. Individual and joint account holders – Postal address (optional)

Investor 1 (individual account holder)

po box	unit number	street number
<input type="text"/>	<input type="text"/>	<input type="text"/>
street name		
<input type="text"/>		
<input type="text"/>		
suburb		
<input type="text"/>		
state	postcode	
<input type="text"/>	<input type="text"/>	
country		
<input type="text"/>		

Investor 2 (joint account holder)

po box	unit number	street number
<input type="text"/>	<input type="text"/>	<input type="text"/>
street name		
<input type="text"/>		
<input type="text"/>		
suburb		
<input type="text"/>		
state	postcode	
<input type="text"/>	<input type="text"/>	
country		
<input type="text"/>		

B. All other account holders

company name																													
<input type="text"/>																													
name of superannuation fund, trust, partnership, association, government body or co-operative																													
<input type="text"/>																													
c/-																													
<input type="text"/>																													
po box										unit number										street number									
<input type="text"/>										<input type="text"/>										<input type="text"/>									
street name																													
<input type="text"/>																													
suburb																													
<input type="text"/>																													
state										postcode										country									
<input type="text"/>										<input type="text"/>										<input type="text"/>									
phone (business hours)										mobile										fax									
<input type="text"/>										<input type="text"/>										<input type="text"/>									
email address																													
<input type="text"/>																													

Provide your email address and we will provide you with email notification of new account correspondence as it becomes available.

3. Change of authorised representative appointment

I/We have read and agree to the conditions applying to the appointment of an authorised representative as set out in the relevant Product Disclosure Statement.

You can self-service through Investor Centre to provide **View only** online access to that representative

authorised representative details:

first name(s)

last name

po box

unit number

street number

street name

suburb

state

postcode

country

email address

signature of authorised representative

date

4. Change of account details

You can only nominate a bank account that is held in your name(s). By providing your bank account details in this section, you accept the terms in the Direct Debit Service Agreement and authorise Perpetual to use these details for all future transaction requests that you nominate.

If you are updating or providing new bank details, you will need to provide a copy of your bank statement for verification purposes.

Bank account

Complete your bank account details in this section and indicate what you would like us to use these bank account details for

withdrawals

distribution payments

monthly savings plan

monthly withdrawal plan

name of financial institution

branch name

branch number (BSB)

account number

name of account holder

signature of account holder A

signature of account holder B

date

Please note section 7 of this form must also be completed.

5. Change of distribution details

☐ Reinvest distributions for all my funds in this account.

☐ Pay all distributions to my bank account as specified in Section 4.

- If you wish to reinvest your distributions for specific investment funds within your account, please contact us on 1800 022 033.

6. Change of financial adviser

Complete this section if you are changing your financial adviser.

I/We have a new financial adviser whose details appear below. I/We acknowledge that Perpetual will hold personal information about me/us and will disclose this information to my/our financial adviser. I/We acknowledge that Perpetual will cease to disclose this personal information if I/we notify Perpetual that the financial adviser whose details appear below no longer acts on my/our behalf.

name of financial adviser																																									
postal address																																									
suburb																			state			postcode																			
phone (business hours)																			phone (mobile)																						
email																																									
Perpetual adviser number																			or																						
(a) dealer group																									and																
(b) dealer branch location*																																									
*City or suburb of the dealer group office you operate through																																									
financial adviser signature																															date	D	D	/	M	M	/	Y	Y	Y	Y

ADVISER STAMP

7. Investor signature(s)

- Please sign this form where indicated below. This form must be signed as per the current signing instructions we have on record. If no amendments have been made, the current signatories for the account are the individuals who signed the initial investment application form.
- If signed under power of attorney, the attorney certifies that he or she has not received notice of revocation of the power of attorney. Please include the power of attorney (or a certified copy) with this form if it has not previously been provided to Perpetual.
- For information, please call Investor Services on **1800 022 033** during business hours (Sydney time), visit **www.perpetual.com.au** or email **PerpetualUTqueries@cm.mpms.mufig.com**

Signature of investor 1 or company officer

print name

capacity (company investments only)

sole director director secretary

date

/

/

Signature of investor 2 or company officer

print name

capacity (company investments only)

director secretary

date

/

/

Please send the completed form to:
Perpetual Investments Unit Registry
Locked Bag 5038
Parramatta NSW 2124
or email: **PerpetualUTinstructions@cm.mpms.mufig.com**