

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
street name		
suburb		
state	postcode	
country		

Investor 2 (joint account holder)

po box	unit number	street number
street name		
suburb		
state	postcode	
country		

Investor 1 (individual account holder)

Investor 2 (joint account holder)

B. All other account holders

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

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)

- You will be required to provide proof of your identity to us if previously provided certified identification has expired.
- 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.mufg.com**

Signature of investor 1 or company officer

print name

capacity (company investments only)

sole director director secretary

date

D

D

/

M

M

/

Y

Y

Y

Y

Signature of investor 2 or company officer

print name

capacity (company investments only)

director secretary

date

D

D

/

M

M

/

Y

Y

Y

Y

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