



# CHANGE OF INSTRUCTIONS FORM – FOR CLASS W UNITS

Please complete this form in black ink using BLOCK letters.

## 1. Applicant (must be completed)

|               |                      |                |                      |
|---------------|----------------------|----------------|----------------------|
| client number | <input type="text"/> | account number | <input type="text"/> |
| account name  | <input type="text"/> |                |                      |

## 2. Change of contact details

### A. Individual and joint account holders

#### Investor 1 (individual account holder)

|                                 |   |
|---------------------------------|---|
| title                           |   |
| Mr <input type="text"/>         | Mrs <input type="text"/> Miss <input type="text"/> Ms <input type="text"/> Other <input type="text"/> |
| first name(s)                   |   |
| <input type="text"/>            |   |
| last name                       |   |
| <input type="text"/>            |   |
| Residential address (mandatory) |   |
| unit number                     | street number   |
| <input type="text"/>            | <input type="text"/>  |
| street name                     |   |
| <input type="text"/>            |   |
| suburb                          |   |
| <input type="text"/>            |   |
| state                           | postcode  |
| <input type="text"/>            | <input type="text"/>  |
| country                         |   |
| <input type="text"/>            |   |
| phone (after hours)             |   |
| <input type="text"/>            |   |
| phone (business hours)          |   |
| <input type="text"/>            |   |
| mobile                          |   |
| <input type="text"/>            |   |
| email address                   |   |
| <input type="text"/>            |   |

#### Investor 2 (joint account holder)

|   |   |
|---|---|
| title   |   |
| Mr <input type="text"/>                                     | Mrs <input type="text"/> Miss <input type="text"/> Ms <input type="text"/> Other <input type="text"/> |
| first name(s)   |   |
| <input type="text"/>  |   |
| last name   |   |
| <input type="text"/>  |   |
| same contact details as investor 1 <input type="checkbox"/> |   |
| unit number   | street number   |
| <input type="text"/>  | <input type="text"/>  |
| street name   |   |
| <input type="text"/>  |   |
| suburb  |   |
| <input type="text"/>  |   |
| state   | postcode  |
| <input type="text"/>  | <input type="text"/>  |
| country   |   |
| <input type="text"/>  |   |
| phone (after hours)   |   |
| <input type="text"/>  |   |
| phone (business hours)                                      |   |
| <input type="text"/>  |   |
| mobile  |   |
| <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 residency status for tax purposes

Are you an Australian resident for tax purposes? yes  no

If no, please specify your country of residence.

Are you a United States (US) citizen or resident of the US for tax purposes? yes  no

If yes, provide your US Taxpayer Identification Number

### 4. 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.

Online Account Access for my authorised representative

view and transact (default) or  view only or  no access

**authorised representative details:**

first name(s)

last name

signature of authorised representative

date  /  /

### 5. Distribution instructions (must be completed)

Please tick the relevant box below to change how you would like your distributions paid. If no selection is made, your previous nomination will continue to apply.

| Fund   | Reinvest distributions   | Pay distributions to my bank account (complete Section 7) |
|--|--------------------------|---|
| Perpetual Pure Credit Alpha Fund (short code PISTIW) | <input type="checkbox"/> | <input type="checkbox"/>                                  |

### 6. Features

Existing investors in the Fund need only complete this section if you wish to add any new features or change existing features.

Indicate which optional features you would like applied to your account

|   |   |
|---|---|
| <b>BPAY</b> for additional investments  | yes <input type="checkbox"/>  |
| <b>Investor Online Account Access</b>   | View & transact (default) <input type="checkbox"/> View only <input type="checkbox"/> |
| <b>Adviser Online Account Access</b><br>Note: your adviser can access information about your account online                                       | View & transact (default) <input type="checkbox"/> View only <input type="checkbox"/> |
| <b>Investment information to be sent in the mail</b><br>Note: most of your investment information is also available through Online Account Access | yes <input type="checkbox"/>  |
| <b>Annual financial reports to be sent in the mail</b><br>Note: annual financial reports are also available on our website                        | yes <input type="checkbox"/> no (default) <input type="checkbox"/>                    |

- For each optional feature you have selected, please ensure you have read and understood the relevant section in the PDS for that optional feature.

## 7. 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 authorise Perpetual to use these details for all future transaction requests that you nominate.

### Bank account 1

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

applications  withdrawals  distribution payments

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

 /  / 

### Bank account 2

Only complete your account details in this section if you would like us to debit a **different** bank account for your **savings 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

 /  /

## 8. 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 adviser  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |          |  |  |  |  |  |  |  |  |
| postal address   |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |          |  |  |  |  |  |  |  |  |
| suburb   |  |  |  |  |  |  |  |  |  |  |  |  | state          |  |  |  | postcode |  |  |  |  |  |  |  |  |
| phone<br>(business hours)                                      |  |  |  |  |  |  |  |  |  |  |  |  | phone (mobile) |  |  |  |          |  |  |  |  |  |  |  |  |
| email  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |          |  |  |  |  |  |  |  |  |
| Perpetual adviser<br>number                                    |  |  |  |  |  |  |  |  |  |  |  |  | or             |  |  |  |          |  |  |  |  |  |  |  |  |
| (a) dealer group   |  |  |  |  |  |  |  |  |  |  |  |  | and            |  |  |  |          |  |  |  |  |  |  |  |  |
| (b) dealer branch<br>location*                                 |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |          |  |  |  |  |  |  |  |  |
| *City or suburb of the dealer group office you operate through |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |          |  |  |  |  |  |  |  |  |
| adviser signature  |  |  |  |  |  |  |  |  |  |  |  |  | date           |  |  |  |          |  |  |  |  |  |  |  |  |

**ADVISER  
STAMP**

## 9. 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 Perpetual's Investor Service Centre on 1800 022 033 during business hours (Sydney time), visit [www.perpetual.com.au](http://www.perpetual.com.au) or email [investments@perpetual.com.au](mailto:investments@perpetual.com.au)

| signature of investor 1 or company officer                 | signature of investor 2 or company officer                 |
|--|--|
| <div style="border: 1px solid black; height: 30px;"></div> | <div style="border: 1px solid black; height: 30px;"></div> |
| print name   | print name   |
| <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> |
| <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> |
| title  | title  |
| <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> |
| date   | date   |
| <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> |

Please forward your completed form to your financial adviser or post to the address below. No stamp required if posted in Australia.

Reply Paid 4171, Perpetual Investments  
GPO Box 4171, Sydney NSW 2001

### Investment Link information

IL GN    /    /  (Group)  
 IL AN    /    /  (Adviser)  
 IL CN     /     /  (Client)