



**For Perpetual: WealthFocus Investment Advantage (incl. Wholesale),  
WealthFocus Investment Funds, Wholesale Funds, Select Investment  
Funds, Cash Management Fund, Monthly Income Fund, Term Fund  
and Pooled Super Trust**

Perpetual Investment Management Limited ABN 18 000 866 535 AFSL 234426  
Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315 RSE R1057027

# CHANGE OF INSTRUCTIONS FORM

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 investor details

### A. Individual and joint account holders

#### Investor 1 (individual account holder)

title	
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other <input type="text"/>
first name(s)	
<input type="text"/>	
last name	
<input type="text"/>	
<b>Residency status for tax purposes</b>	
Are you an Australian resident for tax purposes? yes <input type="checkbox"/> no <input type="checkbox"/>	
If you are not a tax resident of Australia or the US, please specify your country of residence.	
<input type="text"/>	
Are you a United States (US) citizen or resident of the US for tax purposes? yes <input type="checkbox"/> no <input type="checkbox"/>	
If yes, provide your US Taxpayer Identification Number	
<input type="text"/>	
<b>Residential address (mandatory)</b>	
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"/>	

#### Investor 2 (joint account holder)

title	
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other <input type="text"/>
first name(s)	
<input type="text"/>	
last name	
<input type="text"/>	
<b>same contact details as Investor 1</b> <input type="checkbox"/>	
Are you an Australian resident for tax purposes? yes <input type="checkbox"/> no <input type="checkbox"/>	
If you are not a tax resident of Australia or the US, please specify your country of residence.	
<input type="text"/>	
Are you a United States (US) citizen or resident of the US for tax purposes? yes <input type="checkbox"/> no <input type="checkbox"/>	
If yes, provide your US Taxpayer Identification Number	
<input type="text"/>	
<b>Residential address (mandatory)</b>	
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"/>	



### 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.

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

po box     unit number     street number

street name

suburb

state     postcode     country

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.

Bank account 1	Bank account 2
Complete your bank account details in this section and indicate what you would like us to use these bank account details for	<b>Only</b> complete your account details in this section if you would like us to debit a <b>different</b> bank account for your <b>savings plan</b> .
<input type="checkbox"/> applications <input type="checkbox"/> withdrawals <input type="checkbox"/> distribution payments	
name of financial institution <input type="text"/>	name of financial institution <input type="text"/>
branch name <input type="text"/>	branch name <input type="text"/>
branch number (BSB) <input type="text"/> - <input type="text"/> account number <input type="text"/>	branch number (BSB) <input type="text"/> - <input type="text"/> account number <input type="text"/>
name of account holder <input type="text"/>	name of account holder <input type="text"/>
signature of account holder A <input type="text"/>	signature of account holder A <input type="text"/>
signature of account holder B <input type="text"/>	signature of account holder B <input type="text"/>
date <input type="text"/> / <input type="text"/> / <input type="text"/>	date <input type="text"/> / <input type="text"/> / <input type="text"/>

## 5. 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												

**ADVISER  
STAMP**

## 6. 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																							
print name																								
title																								
date										date														

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)