

SWITCH FORM

Please complete this form in black ink using **BLOCK** letters.

1. Investor details (must be completed)

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

2. Switch details

Please note that this switch form can only be used when switching between The Trust Company Investment Funds. Please tick the relevant box(es) to indicate how you would like your distributions paid. If no selection is made, reinvestment will be assumed.

Switch from (insert name of Fund)				
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %
total	\$	<input type="text"/>		

Switch to (insert name of Fund)				Reinvest distribution	Pay to my existing Perpetual Cash Management Fund	Pay to my bank account (complete section 3)
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
total	\$	<input type="text"/>				

