

## Change in personal details

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an

### SECTION 1 - YOUR PERSONAL DETAILS

Client number

Last name

Mr

Mrs

Miss

Ms

Dr

First name/s

Female

Male

Date of Birth







Street address

Suburb/town

State

Postcode

Postal address (if different to street address)

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Email

Would you like to receive all communications and documents electronically (where legally possible)?

Yes

No

### SECTION 2 - NEW CONTACT DETAILS

a) Do you have new contact details that need updating?

Yes (Fill in the information below)

No (go to section 3)

NEW Street address

Suburb/town

State

Postcode

NEW Postal address (if different to street address)

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Email

### SECTION 3 - CHANGE OF NAME

a) Do you have a change of name that needs updating?

Yes (Fill in the information below)

No (go to section 4)

NEW Last name

Mr

Mrs

Miss

Ms

Dr

NEW First name/s

Previous signature

NEW signature

**Please attach a certified\*\* copy of documentation confirming your new name (eg. Marriage Certificate, Deed Poll).**

\*\* A certified copy is a photocopy of an original document, where both the original and copy have been seen by a person who is qualified to execute a statutory declaration and the photocopy signed as a true copy of the original.



### SECTION 3 - ACKNOWLEDGEMENT AND DECLARATION

- I understand that in completing and signing this form that any previous details will be replaced by the new details on this form.
- I have read and understood the Fund's Product Disclosure Statement. In signing this form I acknowledge that I will continue to be bound by the Trust Deed and Rules in all respects.
- I have read and understood the Funds Privacy Statement contained in the Product Disclosure Statement.

**Signature**

**Date**

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