



# Change of Details form

All investors are to complete the following sections

## 1 Investor details

Please fill in your details.

|   |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |          |  |  |
|---|--|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|----------|--|--|
| Client/<br>Account number               |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |          |  |  |
| Contact name                            |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |          |  |  |
| Previous registered/<br>mailing address |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |          |  |  |
|   |  |  |  |  |  |  |  |  |  |  | State                       |  |  |  | Postcode |  |  |
| Home phone ( )                          |  |  |  |  |  |  |  |  |  |  | Mobile or<br>Work phone ( ) |  |  |  |          |  |  |

Your instructions on this form will override any instructions previously given for your account.

## 2 Have your details changed?

|  |   |
|--|---|
| <input type="checkbox"/> <b>Change of name</b> (go to section 3)                 | <input type="checkbox"/> <b>Change of contact details</b> (go to section 4) |
| <input type="checkbox"/> <b>Change of distribution options</b> (go to section 5) | <input type="checkbox"/> <b>Change of banking details</b> (go to section 6) |

## 3 Change of name

**Previous name**

|         |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Title   | First names |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Current name**

|         |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Title   | First names |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please attach a certified copy of appropriate documentation:

- Marriage certificate
- Decree Nisi (divorce)
- Deed Poll (change of name)

**Previous Signature\***

SIGN HERE

\* Current signature must be provided in section 7

## 4 Change of contact details

**Current contact details**

|                                      |  |  |  |  |  |  |  |  |  |  |                |  |  |  |          |  |  |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|----------|--|--|
| Registered or<br>Residential address |  |  |  |  |  |  |  |  |  |  |                |  |  |  |          |  |  |
| Country                              |  |  |  |  |  |  |  |  |  |  | State          |  |  |  | Postcode |  |  |
| Mailing address*                     |  |  |  |  |  |  |  |  |  |  |                |  |  |  |          |  |  |
|                                      |  |  |  |  |  |  |  |  |  |  | State          |  |  |  | Postcode |  |  |
| Contact name                         |  |  |  |  |  |  |  |  |  |  |                |  |  |  |          |  |  |
| Home phone ( )                       |  |  |  |  |  |  |  |  |  |  | Work phone ( ) |  |  |  |          |  |  |
| Mobile phone                         |  |  |  |  |  |  |  |  |  |  | Facsimile ( )  |  |  |  |          |  |  |
| Email address                        |  |  |  |  |  |  |  |  |  |  |                |  |  |  |          |  |  |

\* If different to above address.

# 5

## Change of distribution options

Please select **one** of the following options (if you do not select an option, distributions will be reinvested).

- (a) Reinvest income in additional Units in the applicable Fund<sup>†</sup>
- (b) Pay income directly into an **Australian Financial Institutional** account below: or
- (c) For New Zealand Investor only: Pay income directly into a **New Zealand Financial Institutional** account below<sup>‡</sup> (Must provide Swift Code\*)

<sup>†</sup> Only available for funds which are open for investment.

<sup>‡</sup> All payments will be made in AUD but will be received in your bank account in NZD (net of any fees charged by our/your financial institution). Please note, the applicable foreign exchange rate will be applied.

# 6

## Change of banking details

|   |  |  |  |   |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|---|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of financial institution                             |  |  |  |   |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address of financial institution                          |  |  |  |   |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Account name with financial institution (e.g. JOHN SMITH) |  |  |  |   |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BSB (branch number)                                       |  |  |  | - |  |  |  |  | *Swift Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Account number  |  |  |  |   |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <input type="checkbox"/> Please select this box if the above bank account should be used for future withdrawals. |  |  |   |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please note: **payments to third parties are not permitted**. If banking details are not valid or are not provided, a cheque may be issued.

# 7

## Investors signature(s) – ALL INVESTORS MUST COMPLETE THIS SECTION

Note: all joint unitholders must sign unless sole signatory authority has been involved. Two directors or director and secretary must sign company requests. If sole director and secretary of a company, please indicate in the box provided.

### 1st individual/joint account holder or director

|           |                                   |   |   |  |                                     |   |   |   |   |   |   |   |
|-----------|-----------------------------------|---|---|--|-------------------------------------|---|---|---|---|---|---|---|
| Capacity  | <input type="checkbox"/> Director | <input type="checkbox"/> Power of Attorney <sup>§</sup> | <input type="checkbox"/> Sole director and sole secretary | <input type="checkbox"/> Trustee/Secretary | <input type="checkbox"/> Individual |   |   |   |   |   |   |   |
| Signature | SIGN HERE                         |   |   | Date signed                                | D                                   | D | M | M | Y | Y | Y | Y |
| Full name |                                   |   |   |  |                                     |   |   |   |   |   |   |   |

### 2nd individual/joint account holder or director

|           |                                   |   |  |                                     |   |   |   |   |   |   |   |   |
|-----------|-----------------------------------|---|--|-------------------------------------|---|---|---|---|---|---|---|---|
| Capacity  | <input type="checkbox"/> Director | <input type="checkbox"/> Power of Attorney <sup>§</sup> | <input type="checkbox"/> Trustee/Secretary | <input type="checkbox"/> Individual |   |   |   |   |   |   |   |   |
| Signature | SIGN HERE                         |   |  | Date signed                         | D | D | M | M | Y | Y | Y | Y |
| Full name |                                   |   |  |                                     |   |   |   |   |   |   |   |   |

<sup>§</sup> If you are signing under a Power of Attorney, please supply a certified copy of the Power of Attorney with specimen signature.

Please return your completed form to:

**Investor Services team**  
**GPO Box 764**  
**Melbourne VIC 3001**  
**Facsimile 1300 154 458 (Australia only) or +61 1300 154 458**

If you have any enquiries regarding administration of your investment, please contact our **Investor Services team** on **1800 034 494** (Australia only) or **+61 3 9002 1980** or email your enquiry to **ist@yarracm.com**.

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By completing this form, you agree to Yarra Funds Management Limited and its related bodies corporate (Yarra Capital Management Group) collecting information about you and any third party individuals whose details you have provided on this form.

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