



# Outstanding Payments form

All investors are to complete the following sections

## 1 Investor details

Client/ Account number												
Contact name												
Mailing address												
	State						Postcode					
Home phone ( )	Work phone ( )											
Name of fund(s)												

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

## 2 How would you like your outstanding monies paid?

Please select **one** of the following options.

<input type="checkbox"/>	(a) Pay income directly into an <b>Australian Financial Institutional</b> account below: or											
<input type="checkbox"/>	(b) For New Zealand Investor only: Pay income directly into a <b>New Zealand Financial Institutional</b> account below <sup>‡</sup> (Must provide Swift Code*)											
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/distributions.											

<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.

**Payments to third parties are not permitted.**

## 3 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*	<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*	<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.

# 3

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

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**.

### Important notice about privacy

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.

The relevant member(s) of the Yarra Capital Management Group to whom you have applied for a product or service collects, stores and uses your personal information in connection with the products and services requested by you in this form. In addition, your personal information may be used for any of the purposes described in our Privacy Policy, including for direct marketing. Your personal information is handled in accordance with the Yarra Capital Management Group's Privacy Policy which can be found at [www.yarracm.com/privacy](http://www.yarracm.com/privacy).

The Privacy Policy also contains information about how you may access the personal information we hold about you, how you may correct that information, and how you might make a complaint about a breach of the Privacy Act 1988 (Cth). By providing us with the information contained in this form, you consent to our collection, storage and use of your information and acknowledge that you have read and understood our Privacy Policy.

You acknowledge that the Yarra Capital Management Group may contact you to offer other services or products which may be of interest to you unless you request in writing that the Yarra Capital Management Group does not do so.

You also understand that:

- failure to provide information required in this application may affect the success of this application or any further application you may make to the Yarra Capital Management Group
- you can access, amend, or make a complaint about the personal information that the Yarra Capital Management Group holds about you, by contacting the Privacy Officer, Yarra Capital Management, Level 19, 101 Collins Street Melbourne VIC 3000, at any time in writing or via email at [privacy@yarracm.com](mailto:privacy@yarracm.com) and
- while the Yarra Capital Management Group will take all reasonable steps to protect information that you provide, the Group cannot guarantee the security of certain types of information provided by you (for example over the internet or by email).

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