

# CHANGE OF DETAILS FORM



Fund Administrator



Responsible Entity  
and Trustee

If you require further assistance, please do not hesitate to contact **Mainstream Fund Services** on 1300 133 451 or via email [registry@mainstreamgroup.com](mailto:registry@mainstreamgroup.com)



### INVESTMENT DETAILS

Investor Name

Investor Number

Contact number

### DETAILS TO BE CHANGED

- Contact Details
- Bank Account Details
- Communication Preference
- Distribution Method
- Financial Adviser
- TFN/ABN
- Third Party Authority

### NEW CONTACT DETAILS

- Postal Only
- Residential Only
- Postal & Residential
- Online Only

Street number and name

Suburb

State

Postcode

Country

Email

Mobile

Phone number (home)

Phone number (business)

### COMMUNICATION PREFERENCE

We will periodically send transaction confirmations, statements and other material. Please indicate your preference for receiving these communications below:

- Email
- Mail

### NEW BANK ACCOUNT DETAILS

The following account is to be used for all future payments relating to:

- Distributions Only
- Redemptions Only
- Distributions and Redemptions

Account name

BSB Number

Account Number

Name of Financial Institution

**Please attach a copy of your bank statement so that we can verify the details provided above.**





### NEW DISTRIBUTION PREFERENCE DETAILS

Pay into bank account
  Reinvest

If payment is to be made into a new bank account, please complete the New bank account details section of this form and attach a copy of your bank statement to verify the details provided.

### NEW FINANCIAL ADVISER DETAILS

Adviser Name

Street Number and Name Suburb

State Postcode Country Phone Number

Email Address Dealer Group

### NEW TFN/ABN DETAILS

TFN ABN

### THIRD PARTY AUTHORITY

The following third party will be given access to your investment details upon request.

Name of third party Contact Person (if applicable)

Street Number and Name (or PO Box)

Suburb State Post Code

Email Address Phone Number





### DECLARATION AND SIGNATURE

- Please sign this form below. This form must be signed as per the current signing instructions that we have on record.
- If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please include a certified copy of the power of attorney, if it has not been previously provided, to Mainstream Fund Services Pty Ltd.

#### Signature 1

#### Signature 2

Name

Name

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Title

Title

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Signature

Signature

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Date

Date

--	--

**Please return completed forms to Mainstream Fund Services via mail, fax or email.**

**Mail:** Mainstream Fund Services - Unit Registry  
GPO Box 4968, Sydney NSW 2001

**Email:** [registry@mainstreamgroup.com](mailto:registry@mainstreamgroup.com)  
**Fax:** +61 9251 3525

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