

CHANGE OF DETAILS FORM



If you require further assistance, please do not hesitate to contact **Apex Fund Services** on 1300 133 451 or via **email registry@apexgroup.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

- o Please sign this form below. This form must be signed as per the current signing instructions that we have on record.
- o 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

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

Mail: Apex Fund Services – Unit Registry
Box 4968, Sydney NSW 2001

Email: registry@apexgroup.com GPO
Fax: +61 9251 3525

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