

## Change of Client Details Form

Please complete the form in **BLOCK LETTERS** and mark appropriate boxes with an **X**. Return to us at the above address.

### 1. Account Details

Existing Account Name

Existing Managed Account Number

Please 'X' the change(s) you require. You can complete more than one section.

- Change of Name. Complete Section 2
- Change of Address Details. Complete Section 3
- Notification of TFN and ABN. Complete Section 4
- Change of Nominated Bank Account. Complete Section 5
- Change of Financial Adviser. Complete Section 6
- Change of Adviser Remuneration. Complete Section 7
- Section 8 Declarations and Signing. ALL CLIENTS MUST COMPLETE THIS SECTION

### 2. Change of Name

Mr  Mrs  Ms  Dr  Other

New Given Name(s)

New Surname

Old Signature

New Signature

Date

 /  /   
D D M M Y Y Y Y

Date

 /  /   
D D M M Y Y Y Y

Please provide a certified copy of the relevant marriage certificate or deed poll with your new name.

### 3. Change of Address Details

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#### Residential Address for Client

Street Address

Suburb, City or Town

State

Postcode

Country (if not Australia)

Telephone: Home

Business Hours

Mobile

Email

**Postal Address** (if different to Residential Address. This must not be your Financial Adviser's address details)

Street Address

Suburb, City or Town

State

Postcode

Country (if not Australia)

### 4. Notification of Tax File Number (TFN) and Australian Business Number (ABN)

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Tax File Number

Australian Business Number

Change of Tax Residency

I am an Australian tax resident

I am NOT an Australian tax resident

Country of Residency for Tax Purposes (if not Australia)

## 5. Change of Nominated Bank Account

Complete this section if you want to update your bank account details with IAS for the following transactions:

Direct Debits for a  Regular Investment Plan

Direct Credits for:  Regular Withdrawals  
 Regular Pension Plan  
 Any other authorised payment

I authorise and request IAS to debit and/or credit the Nominated Bank Account(s) (below) with any amount that I have requested.

I have read, understood and agree to be bound by the terms of the Direct Debit Request Client Service Agreement as set out in that form.

Bank

Branch

Account Name

BSB

Account Number

## 6. Change of Financial Adviser

I/We appoint the person named below to act on my/our behalf for this account.

Financial Adviser Name

Practice/Office Name

Address of Financial Adviser Firm

Telephone: Business

Mobile

Email

Dealer Group Name

AFSL Number

## 7. Change of Financial Adviser Remuneration

Effective immediately, I/we wish to:

Change the annual ongoing Financial Adviser Service Fee to be deducted from my account to (select one only):

Percentage rate  % p.a. **OR**

Dollar amount \$  paid monthly **OR**

Dollar amount \$  paid annually

Change the ongoing Contribution Fee to be deducted from each additional contribution to  %

### Financial Adviser Declaration

I have been advised by my client of this change to the Financial Adviser Remuneration.

Financial Adviser Signature

Date

 /  /   
D D / M M / Y Y Y Y

## 8. Declaration and Signing

To: Investment Administration Services Pty Ltd:

I/We declare that:

- All details provided by me/us in this form are true and correct and I/we authorise IAS to give effect to my/our change of client instructions.
- Where I/we are signing under Power of Attorney, I/we verify that, at the time of signing I/we had not received notice of revocation of that Power of Attorney. A certified copy of the Power of Attorney has been enclosed with this form (if not previously provided).

### Individual/joint account holder/trustee(s) sign here

If the account is in joint names, all account holders must sign. If there are more than two trustees attach additional signatures.

**Signature** Investor 1 or Company Director/  
Sole Director/Power of Attorney

**Signature** Investor 2 or Company Director/  
Company Secretary/Power of Attorney

X

X

Date

/  /   
D D M M Y Y Y Y

Date

/  /   
D D M M Y Y Y Y