

Appoint, Change or Cancel a Financial Adviser

Use this form if you are an existing investor and wish to appoint, change or cancel your financial adviser. You can also use this form to change their details (such as their address).

Complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

1. Please ensure you have completed the following.

If you wish to appoint, change or cancel a financial adviser, the following needs to be completed:



written your investor number and investor name as it appears on your latest statement



completed section 2 'Appoint, change or cancel a Financial Adviser'



signed the form as per the 'Acknowledgements and signatures' in section 5.

2. Send your documents to us.

You can return your form by post, fax or email according to the details below:

Send by post: Ausbil Investment Management Limited
GPO Box 804
Melbourne VIC 3001

Fax to: 1300 072 387

Scan and email to: ausbil_transactions@unitregistry.com.au

Please include your investor number in the subject line of your email.

1 Investor details

Investor number

Investor name

2 Appoint, change or cancel a Financial Adviser

I/We wish to:

☐ appoint/change a Financial Adviser

☐ cancel a Financial Adviser

Please provide details of your Financial Adviser

Dealer group name

Financial Adviser name

AFSL number

Authorised representative number

3 Appointment of a Financial Adviser

This section should be completed by your Financial Adviser. Your financial adviser will have online access to your account. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Email address

Notice to Financial Adviser by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on this product.

If you would like to register for adviser online to view your client's investment information, please complete the below.

Financial adviser contact details

Business address. A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Postal address (if different to above)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit/Level Street number

Street name (or PO Box or other mail details if applicable)

Suburb State

Postcode Country

Contact details

Business number (include country and area code)

Mobile number (include country code)

Adviser signature

Please print full name

Date (DD/MM/YYYY)

4 Facsimile Indemnity

If you are instructing us via facsimile (including applications, withdrawal requests and switching requests) you acknowledge the following conditions:

- We will process your facsimile instructions if it has been received by us in full. We bear no responsibility for any loss or delay that may be incurred from a transmission not being received by us. A facsimile receipt confirmation from the sender's facsimile machine is not evidence that the facsimile has been received.

- We bear no responsibility for any fraudulently completed facsimile transactions and will not compensate you for any losses. For instance, you uphold the risk that a facsimile may be sent by someone who knows your account details.

This form must be signed by all authorised signatories (eg. For a joint account, both signatories must sign this form).

By executing this Form and I/we agree with, and represent and warrant to Ausbil that:

- All details in this Form are complete, true and correct;
- I/we have read and understood the Product Disclosure Statement (PDS) and Additional Information Guide (AIG) for the applicable fund(s) and agree to be bound by them (as updated from time to time);
- I agree to be bound by the constitution(s) for those fund(s) (as amended from time to time);
- That acceptance of my/our application for units in any fund(s) will be at the sole discretion of Ausbil and that Ausbil has the right to reject any application;
- I/we have legal power to sign this Form and invest in the fund(s) and have complied with all applicable laws in doing so (including those relating to superannuation and tax);
- The details of my/our investment can be provided to the dealer group or adviser shown on this Form by the means and in the format that they direct;
- Sole signatories signing on behalf of a company confirm that they are signing as sole director of the company;
- If acting as a trustee or custodian, I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the trust deed or custody agreement;
- If the Form is signed by an attorney, the attorney declares that he/she has not received notice of revocation of appointment and has provided a certified copy of the Power of Attorney to Ausbil;
- I/we are aware of the risks involved with investing in the fund(s) and have not relied on any representation (whether oral or written) from Ausbil or any other persons in connection with the fund(s);
- It is my/our responsibility to seek independent investment, financial, legal or taxation advice as to the suitability of the fund(s) to my/our circumstances;
- I/we understand that my/our investment in the fund(s) is subject to investment risks, including possible delays in repayment and loss of income and principal;
- I/we understand that none of Ausbil or its related entities or associates guarantees the performance of the fund(s), repayment of capital, rate of return or amount of any distribution;
- I/we will not knowingly do anything to put Ausbil in breach of AML/CTF Laws and I will notify Ausbil if I/we are aware of anything that may put Ausbil in breach of AML/CTF Laws.
- I/we are not aware and have no reason to suspect that the application monies or proceeds of investment in the fund(s) are derived from or will be used in connection with money laundering, terrorism financing or any other illegal activities;
- If requested, I/we will provide additional information and comply with all reasonable requests by Ausbil to enable it to comply with AML/CTF Laws;

- That personal information about me/us may be collected, used and disclosed in accordance with Ausbil's Privacy Policy and the privacy statements included in the PDS, including for marketing purposes;
- I/we will promptly advise Ausbil if event or circumstances occurs which would cause these representations and warranties to be incorrect or misleading or if I/we are in breach of any agreement or undertaking; and
- I/we indemnify Ausbil against any losses or liabilities incurred by it as a result of a breach by me/us of any agreement, representation or warranty.

I/we agree that the above agreements, representations, warranties are given on the date this Form is signed and repeated on each day thereafter until I/we cease to have an investment in the fund(s).

By completing and signing this form, you:

- authorise us to act according with the instructions on this form
- acknowledge that the instructions on this form supersede all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

Who needs to sign this form

Individual – where the investment is in one name, the account holder must sign.

Joint Holding – where the investment is in more than one name, all of the account holders must sign.

Companies – where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust – the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney – if you have not already lodged the Power of Attorney with us, please attach an original certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and original Certified Identification Document of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of investor 1, director or authorised signatory

Please print full name

Date (DD/MM/YYYY)

D

D

/

M

M

/

Y

Y

Y

Y

Company officer (please indicate company capacity)

- X

 Director
- X

 Sole director and company secretary
- X

 Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)

D

D

/

M

M

/

Y

Y

Y

Y

Company officer (please indicate company capacity)

- X

 Director
- X

 Sole director and company secretary
- X

 Authorised signatory