

Change of Details Form

ausbil

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Complete all applicable sections of this form in CAPITAL LETTERS. Mark appropriate boxes with a cross like the following



Please send the completed Change of Details Form by mail to:

National Australia Bank Limited Registry Services, PO BOX 1406, Melbourne VIC 3001

Faxed, emailed or photocopied documents will NOT be accepted for change of bank account details, change of authorised signatory and change of investor's name.

SECTION 1: INVESTOR DETAILS

Investor Number Investor Name
(as shown on original Application Form)

Please mark box with an to indicate the details you wish to amend.

- Change of Contact details. **Complete section 1, 2, 8 and 9.**
- Change of Distribution nomination. **Complete section 1, 3, 8 and 9.**
- Change of Bank account details. **Complete section 1, 4, 8 and 9. [Signed original is required]**
- Change of Financial Advisor. **Complete section 1, 5, 8 and 9.**
- Change of Authorised Signatory. **Complete section 1, 6, 8 and 9. [Signed original is required]**
- Change of investor's name. **Complete section 1, 7, 8 and 9 and attach supporting documentation. [Signed original is required]**
If the change in investor's name involves a change of beneficial ownership, DO NOT COMPLETE THIS FORM. You will need to complete a new Application Form and Standard Transfer Form and Client ID Forms.
- Change of Tax Status. **Complete section 1, 8 and 9.**

Only complete sections that require changing.

SECTION 2: CHANGE OF CONTACT DETAILS

Residential or Business Address Details (PO BOX not acceptable)

Unit Number/Level	Street Number	Street Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/City or Town	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address (Only for purpose of electronic communications of unitholder information)		Telephone Number (business hours)		
<input type="text"/>		<input type="text"/>		
Contact Name		Mobile		
<input type="text"/>		<input type="text"/>		

Mailing Address - Please complete if different from address above

Unit Number/Level	Street Number	Street Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/City or Town	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Registered Office Address - Please complete if different from Business Address above (PO BOX not acceptable)

Unit Number/Level	Street Number	Street Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/City or Town	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Name	Mobile	Telephone Number (business hours)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Please indicate below your preferred method of communication for investment materials and marketing information

- Email
- Mail

Your nomination will override previous nominations.

SECTION 3: CHANGE OF DISTRIBUTION NOMINATION

Fund Name	Distribution* (Cross one box for each investment)	
	Reinvestment of distribution	or Pay distribution to nominated bank account
Ausbil Australian Active Equity Fund	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Geared Equity Fund	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Emerging Leaders Fund	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil MicroCap Fund	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil 130/30 Focus Fund (Retail Class)	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil 130/30 Focus Fund (Wholesale Class)	<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Balanced Fund	<input type="checkbox"/>	<input type="checkbox"/>
Candriam Sustainable Global Equity Fund	<input type="checkbox"/>	<input type="checkbox"/>
MacKay Shields Unconstrained Bond Fund	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

***Your nomination will override previous nominations and will apply to all investments in that Fund.**

SECTION 4: CHANGE OF NOMINATED BANK ACCOUNT

Any details below will override any bank account details previously provided to us. Please leave blank if your preferred details are the same as those you have previously provided. **Bank account must be with an APRA registered bank or financial institution & must be in the name of the investor as we can not pay to third parties.**

Financial Institution Name

Branch Name Branch Number (BSB) Account Number

Account Name

Please Note: We will not issue cheques for income distributions or redemption payments.

SECTION 5: CHANGE OF FINANCIAL ADVISER

- Please remove current financial adviser held on record.
- I/We have a new financial adviser whose details appear below. I/We acknowledge that Ausbil will hold personal information about me/us and will disclose this information to my/our financial adviser. I/We acknowledge that Ausbil will cease to disclose this personal information if I/We notify Ausbil that the financial adviser whose details appear below no longer acts on my/our behalf.

Adviser Name

Adviser Contact Number- direct/mobile
 () ()

Adviser's Email

Adviser's Authorised Representative Number

Dealer Group Stamp

Unit number/level Street Number Street Name

Suburb/City/Town State Postcode

Contact Name (PRINT)

Advisor Firm Name Dealer Group Name

Dealer Group AFS Licence Number

SECTION 6: CHANGE OF AUTHORISED SIGNATORY

Name of Authorised Signatory to be added

Street Address

Unit Number/Level Street Number Street Name

Suburb/City/Town

State

Postcode

Country of Residence

Email Address

Telephone Number (business hours)

Telephone Number (after hours)

Mobile

Signature

- Company Secretary Sole Director Trustee Executor
 Attorney Partner Director Individual

Name of Authorised Signatory to be removed

Signature

- Company Secretary Sole Director Trustee Executor
 Attorney Partner Director Individual

Note: The Authorised Signatory who is being removed must sign the completed form at Section 9.

For an Attorney, an original certified copy of the Power of Attorney must be provided to Ausbil.

SECTION 7: CHANGE OF INVESTOR'S NAME

Change of name - marriage/divorce/deed poll

- Complete this section with your updated details (name and signature) which we will keep on file once your request has been processed.
- Attach an original certified copy of the relevant documentation (e.g. original certified copy of marriage certificate, decree nisi or deed poll)
- **When you complete Step 6, provide the previous signature that we have on file**

Name to be changed to

Signature to be changed to

Change of name - Company, Superannuation Fund, Trust or other entity

- Company-attach an original certified copy of the Change of Name Certificate.
- Superannuation Fund-attach an original certified copy of the Superannuation Fund Trust Deed indicating the change of name.
- Trust-attach an original certified copy of the Trust Deed indicating the change of name.
- Other - attach original certified copy of constituent or registration document evidencing change of name.

Company, Superannuation Fund, Trust or Entity name

Name to be changed to

Note: If the change results in a change of beneficial or legal ownership of the investment, we require the following:

- Completed Standard Transfer Form
- New Application Form and Client ID Forms available on our website www.ausbil.com.au

SECTION 8: FATCA INFORMATION (FOREIGN ACCOUNT TAX COMPLIANCE ACT)

All investors must complete this section

The Foreign Account Tax Compliance Act (**FATCA**) is a US tax law which imposes obligations on all Australian financial institutions. The purpose of FATCA is to increase transparency regarding US citizens and residents who hold offshore assets. Ausbil is required to identify, collect & report directly to the ATO various account-related information of any investors deemed to be a US person. We are obliged to collect the information from our investors as shown below. If section 8 is not completed, we may be required to report any non-compliance to the US authorities via the ATO.

Country of residence for tax purposes

- Complete one of the relevant fields below if you wish to change your country of residence for tax purposes.

Country of residence for tax purposes (If not in Australia)

Tax file number (resident of Australia for tax purposes)

Select one option to indicate the relevant category and if required provide further information requested.

- FATCA exempt. For example, investors have no affiliation with the US, are not US citizens and hold no assets (directly or indirectly) in the US.

- An individual who is a US citizen or resident of the US for tax purposes

Please provide the entity's US Taxpayer Identification Number (TIN)

- A company, partnership, trust or association established under the laws of the US or US taxpayer

Please provide the entity's US Taxpayer Identification Number (TIN)

- A financial institution or trust with a trustee that is a financial institution (i.e. custodial, depository institution, an investment entity or a specified insurance company for FATCA purposes)

Please provide the entity's Global Intermediary Identification Number (GIIN)

If the financial institution does not have a GIIN, please tick one box to clarify its FATCA status:

- GIIN applied for but not yet issued Non-reporting IGA FFI (listed in Annex 11 of IGA)

Resident of non-IGA country or not otherwise subject to IGA

- deemed compliant exempt beneficial owner Non-Participating FFI GIIN applied for but not yet issued

- A proprietary company, partnership, trust or association that is not a financial institution as described above and in the preceding reporting period either:

- earned 50% or more of its gross income from distributions, dividends, rental, interest or other investment income; or
- held 50% or more of its assets in shares, properties, bonds or similar investment assets that generate passive income.

If you ticked this category, are any of the (as relevant) shareholders holding a controlled interest (i.e. holding more than 25% of the company), or are any of the partners, beneficiaries, trustees or settlors US citizens or US taxpayers?

- Yes, please provide the following details: No

Name (in full)

US Taxpayer Identification Number (TIN)

Address

Name (in full)

US Taxpayer Identification Number (TIN)

Address

SECTION 9: SIGNATURES

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 including the FATCA information in section 8;
- I/we have read and understood the Product Disclosure Statement (PDS) and any Incorporated Material or Additional Information Guide (IM) 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 will I 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/IM, including for marketing purposes;
- I/we understand the increased risk of communications made by telephone, fax or electronic means;
- 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).

Name

Date

Signature

Individual Partner Director

Company Secretary Sole Director Trustee Executor Attorney

Authorised Signatory

Name

Date

Signature

Individual Partner Director

Company Secretary Sole Director Trustee Executor Attorney

Authorised Signatory

Company Seal (if applicable)

SEND TO US

Once you have completed and signed this Form, please send the original to:

National Australia Bank Limited, Registry Services, PO BOX 1406, Melbourne, VIC 3001.

ANY QUESTIONS?

If you have any questions about completing this form, please contact our Client Services Team on 1800 287 245 (toll free).