



# Mainstream Fund Services Pty Ltd

## Change of Details

There may be a minimum for withdrawal amounts and/or balances held within the Fund. Please refer to the PDS for this information.

### 1. Investment Details

Fund manager:

Fund name:  Unit Class:

Client/portfolio name:  Client/portfolio number:

Daytime Contact number:

### 2. Details To Be Changed

I wish to change the following:

Contact Details	<input type="checkbox"/>	TFN and/or ABN	<input type="checkbox"/>
Bank Account Details	<input type="checkbox"/>	Distribution Method	<input type="checkbox"/>
Financial Adviser	<input type="checkbox"/>		

### 3. New Contact Details

Please record the follow address details as

Postal Only  Residential Only  Postal & Residential

Address

Address

Suburb  State  Postcode

Home Phone Number  Business Phone Number

Email Address

### 4. New Bank Account Details

I wish to nominate the following account to be used for all future payments made for

Distributions Only  Redemptions Only  Distributions & Redemptions

Name of Investor

Swift code/BSB  Account Number

Account Name

Beneficiary Bank:

Reference:

### 5. New Financial Adviser Details

Please change my record to show that my financial adviser is as follows:

Name of Adviser

Address of Adviser

Phone Number of Adviser

Email of Adviser

Dealer Group

### 6. New TFN/ABN Details

I wish to advise the following:

Tax File Number

Australian Business Number

### 7. New Distribution Preference Details

All future distributions are to be:

Reinvested

Direct Credited to my nominated Bank Account

### 8. 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 email a certified copy, if it has not been previously provided, to [investorservices@MainstreamGroup.com](mailto:investorservices@MainstreamGroup.com).

Signature of Investor or Company Officer:

Name:

Title:  Date: \_\_\_/\_\_\_/\_\_\_

A certified copy of the Power of Attorney is being mailed to Mainstream Fund Services Pty Ltd to accompany this form:

Yes  No