

Change of distribution payment details

Use this form to change the details of your nominated bank account for receiving distribution payments.

Please print in CAPITAL LETTERS and place a cross 🗶 in any applicable boxes.

1. Investor details	4. Declaration and signature
Client number	I/We wish to change my/our distribution payment details as set out in this form, in accordance with the terms of the current Product Disclosure Statement(s) for the fund(s).
Contact number 2. Distribution payment method	1 Important: If you are signing as a trustee, you warrant that, at the time of signing, you are authorised under the relevant trust deed to perform the acts contemplated by this form. If you are signing under power of attorney, you warrant that, at the time of signing, you have not received notice of revocation of that power of attorney.
Pay to bank additional accountReinvest as bank unitsFund(s)account orunits	
Wholesale Global Equity – Value Fund 🛛 or 🗌	Signatory 1
Other	Title
3. Account details	Surname
Pay to the Australian bank or financial institution below Please provide your account details here if you have selected to have your distribution payments direct credited to	Given name
your account.	Signing as (please cross)
Account name	 Individual Sole trader Trustee Director Joint investor Partner
BSB number Account number	Sole director Agent Attorney
Name of financial institution	Representative of association/co-operative/government body – please specify position (eg chairman)
Branch name	Signature
Please cross if you would like your nominated account changed to that shown above.	Date

Note: Only Australian bank, building society or credit union accounts can be accepted. For security, the bank account must be in the registered unitholder's name. Requests for payment to third party bank accounts or that do not contain deposit account instructions will not be processed.

Issuer and responsible entity: ipac Asset Management Limited (ABN 22 003 257 225, AFSL 234655) (ipac) is the issuer and responsible entity.

Investment manager: National Mutual Funds Management Ltd (ABN 32 006 787 720, AFSL 234652)

Enquiries: Please call our Client Services team on 133 267 between 8.30am and 5.30pm Sydney time, Monday to Friday.

4. Declaration and signature (continued)	
Signatory 2	
Title	
Surname	
Given name	

Signing as (please	cross)
□ Joint investor	Trustee

ee Company secretary tor Agent

Attorney
 (if more than two attorneys, please provide names and signatures)

□ Representative of association/co-operative/government body – please specify position (eg chairman)

Director

Signature

Partner



Date

Where to send this form

Mail (no stamp required) or email this completed form to:

National Mutual Funds Management Ltd Reply Paid 125 PARRAMATTA NSW 2124 trustinfo@amp.com.au

amp.com.au

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