

Change of details form

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

1. Current/previous personal details

Client number

Investor name(s)

Address

Suburb

State

Postcode

Email address

Contact number

2. Type of change required

Name Address Email Contact number

Name change details

Marriage Deed poll Adoption Divorce

Other (please specify)

New name details

Title

Surname

Given name

Current signature¹

Date

¹ New signature is to be completed as part of section 3 – Declaration and signature(s) Certified copy of change of name must be attached.

2. Type of change required (continued)

New address details

New address

Suburb

State

Postcode

Country

Email change details

Email address

Contact phone number change details

Contact number

Mobile

3. Declaration and signature(s)

I/We declare that all the details are true and correct.

Investor signature(s)

! **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.

A certified copy of the power of attorney must be given to us with the completed form, unless previously provided.

Signatory 1

Title

Surname

Given name

3. Declaration and signature(s) (continued)

Signatory 1 (continued)

Signing as (please cross)

- Individual Sole trader Trustee
 Director Joint investor Partner
 Sole director Agent Attorney
 Representative of association/co-operative/government body – please specify position (eg chairman)

Signature

Date

Signatory 2

Title

Surname

Given name

Signing as (please cross)

- Joint investor Trustee Company secretary
 Partner Director Agent
 Attorney
(if more than two attorneys, please provide names and signatures)
 Representative of association/co-operative/government body – please specify position (eg chairman)

Signature

Date

Where to send this form

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

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

amp.com.au