

Change of details

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

1. Current/previous personal details

Client number

Name of investor(s)

Address

Suburb

State

Postcode

Complete details if applicable

(Please cross) Change of address

New address

Suburb

State

Postcode

Email address

Contact number

2. Change of distribution payment details for fund(s)

New distribution payment instructions

- reinvested into additional units, or
 credited to bank/financial institution as listed:

Name of bank/financial institution

Account name

Bank/financial institution branch name

BSB number

Account number

Issuer and responsible entity:

ipac Asset Management Limited ABN 22 003 257 225, AFSL 234655
 ipac Asset Management Limited is a member of the AMP group

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 to 5.30pm Melbourne time, Monday to Friday.

3. Change of direct debit details for fund(s)

Direct debiting is not available on the full range of accounts, or may not be offered by some financial institutions. Please contact your financial institution if you are unsure. The financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

I/We request that ipac Asset Management Limited until further notice, debit my/our account detailed below, any amount ipac Asset Management Limited may debit or charge me, through the direct debit system.

Account name

Name of financial institution

BSB number

Account number

Branch address

Please note that your nominated account must be an Australian bank, building society or credit union account, not a credit card account.

4. Change of name

From

To

Reason

Note: Certified copy of change of name must be attached.

5. Investor signature(s)

Signatory 1

Title

Surname

Given name

5. Investor 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 to:

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

amp.com.au