

Barwon Investment Partners ABN 19 116 012 009 AFSL 298445 **Change of Details**

Investment Details			
Fund Name			
Account Number Investor Name Contact number			
Details To Be Changed			
☐ Contact Details ☐ Communication Preference ☐ Bank Account Details			
☐ Distribution Method ☐ Financial Adviser ☐ TFN/ABN ☐ Third Party Authority			
New Contact Details			
☐ Postal Only ☐ Residential Only ☐ Postal & Residential ☐ Online Only			
Street number and name Suburb			
State Postcode Country Email Mobile Phone number (home) Phone number (business)			
Communication Preference			
We will periodically send transaction confirmations, statements and other material. Please indicate your preference for receiving these communications below:			
New Bank Account Details			
The following account is to be used for all future payments relating to: Distributions Only Redemptions Only Distributions and redemptions			
Account name BSB Number Account Number			
Name of Financial Institution			
Please attach a copy of your bank statement so that we can verify the details provided above.			
New Distribution Preference Details			
☐ Pay into bank account ☐ Reinvest			

If payment is to be made into a new bank account, please complete the **New bank account details** section of this form and attach a copy of your bank statement to verify the details provided.

New Financial Adviser Details			
Adviser Name			
Street number and name	Suburb		
State Postcode Country	Phone number		
Email address	Dealer group		
Littali address	Dealer group		
New TFN/ABN Details			
TFN A	N		
Third Party Authority			
The following third party will be given access to your inves	nent details upon request.		
Name of third party	Contact person (if applicable)		
		-,	
Street number and name (or PO Box)			
Suburb	State	Post Code	
Email address	Phone number		
Email address	Thore number		
Declaration and Signature			
 Please sign this form below. This form must be sign 	as per the current signing instru	ctions 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 include a certified copy of the power of attorney, if it has not been previously provided, to Barwon Investment Partners Pty Ltd.			
Signature 1	gnature 2		
Name	ame		
Title	tle		
Signature	gnature		
Date	ate		
Please return completed forms to Barwon Investment Pa	ners via mail, fax or email.		

Mail:Barwon Investment Partners – Unit RegistryEmail:investors@barwon.net.auGPO Box 994, Sydney NSW 2001Fax:(02) 9221 4276

If you require further assistance, please feel free to contact us on (02) 9216-9600 or via email investors@barwon.net.au