

## **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	l			
Contact Details	Communication Prefer	ence Bank	Account Details	
Distribution Method	Financial Adviser	TFN/ABN	Third Party Authority	
<b>New Contact Details</b>				
Postal Only	Residential Only	Postal & Residenti	al Online Only	
Street number and name			Suburb	
State Po	stcode Country	Email	-	
Mobile	Phone number	(home)	Phone number (business)	
Communication Prefe	rence			
	transaction confirmations, st hese communications below		r material. Please indicate your	
Email	Mail			
New Bank Account De	etails			
The following account is to	o be used for all future paym	ents relating to:		
Distributions Only	Redemptions Only	Distributions and	redemptions	
Account name		BSB Number	Account Number	
Name of Financial Institut	ion			
		** -1 *		
Please attach a copy of your bank statement so that we can verify the details provided above.				
New Distribution Pref	erence Details			

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.

Reinvest

Pay into bank account

New Financial Adviser Details					
Adviser Name					
Street number and name	Suburb				
State Posteodo Country	Dhana numbar				
State Postcode Country	Phone number				
Email address	Dealer group				
New TFN/ABN Details					
TFN A	BN				
ADN					
Third Party Authority					
The following third party will be given access to your invest	tment details upon request.				
Name of third party	Contact person (if applicable)				
Street number and name (or PO Box)					
Suburb	State Post Code				
Email address	Dhana sumbor				
Email address	Phone number				
Declaration and Signature					
<ul> <li>Please sign this form below. This form must be signed</li> </ul>	ad as nor the current signing instructions that we				
have on record.	ed as per the current signing instructions that we				
<ul> <li>If signed under power of attorney, the attorney cert revocation of the power of attorney. Please include not been previously provided, to Barwon Investmer</li> </ul>	a certified copy of the power of attorney, if it has				
, , , ,	Signature 2				
Name	Name				
Title	Title				
Signature S	Signature				
5.0	<u>-</u>				
	_				
Date	Date				
Please return completed forms to Barwon Investment Par	rtners via mail fay or email				

Mail: Barwon Investment Partners – Unit Registry Email: <a href="mailto:investors@barwon.net.au">investors@barwon.net.au</a>

GPO Box 994, Sydney NSW 2001 Fax: (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