

# Change of Details Form

**Use this Form to change your Investment Account details.**

Your instructions from this form will override any instructions previously given for your Account and will apply to all your investments in ASCF Private Fund.

## STEP 1

Complete this form and write clearly within the boxes in CAPITAL LETTERS.

Mark appropriate answer boxes with a cross

## STEP 2

Send us your form

**Option 1-** Post your completed form to:

Australian Secure Capital Fund  
 PO Box 1475  
 MILTON QLD 4064

**Option 2-** Scan and email your form to:

investor@ascfprivate.com.au

**Got a question? We're happy to help!**  
**Call us on 1300 269 419**

**Reason for completing  
this form:**

**Sections to  
complete\***

Address/Contact Details

**A & B**

Financial Institution Account

**A & C**

Signing Authority

**A, B, C & D**

Change of Trustee

**A, E, F & G**

## SECTION A

**Client Investor Number**

**Investor Name**  
 (In full)

## SECTION B

**CHANGE OF RESIDENTIAL OR REGISTERED OFFICE ADDRESS**

**Address**

**Suburb**

**State**

**Country**

**Post Code**

**Change of Postal Details**

Please tick if same as above otherwise complete below

**Address**

**Suburb**

**State**

**Country**

**Post Code**

**Email and Phone**

**Email address**

**Home phone number**

**Mobile phone number**

## SECTION C

### CHANGE OF PAYMENT INSTRUCTIONS

Please select where you would like to be paid:

### NEW FINANCIAL INSTITUTION ACCOUNT DETAILS

Account Name

BSB

Account Number

## SECTION D

### CHANGE OF SIGNING AUTHORITY

**For Investments with two or more Individual Investors or corporate directors**

Signing requirements for withdrawal requests, transfers, switches or change of account details.

Any one Investor/Director to sign

All Investors/Directors to sign

## SECTION E

### CHANGE OF TRUSTEE

Legal Name of Trust, Super Fund or SMSF

Type of Trust

(for example family trust, super fund, SMSF, discretionary trust)

ABN

Country Trust Established

Tax File Number (TFN)

Settlor\*^

\* Not required for Regulated Superfunds or SMSF.

^ For all other Trusts only complete if the settled sum of the Trust as noted in the Trust Deed is \$10,000 or more and the settlor is not deceased

## SECTION F

### PREVIOUS TRUSTEE ACCOUNT DETAILS

### IF PRIVATE INVESTOR

#### INDIVIDUAL 1

Title

Given Names

Last Name

Date of Birth

Tax File Number (TFN)

#### INDIVIDUAL 2

Title

Given Names

Last Name

Date of Birth

Tax File Number (TFN)

If there are more than two Individuals please print additional copies of this page as required.

### IF COMPANY

Full Name of Company or Partnership

ACN

ABN (If applicable)

Tax File Number (TFN)

#### NAME OF DIRECTOR 1

Title

Given Names

Last Name

Role

Date of Birth

NAME OF DIRECTOR 2

Title                      Given Names

Last Name

Role                                              Date of Birth

If there are more than two Directors please print additional copies op this page & the previous as required

SECTION G

NEW TRUSTEE ACCOUNT DETAILS

IF INDIVIDUAL INVESTOR/S

INDIVIDUAL 1

Title                      Given Names

Last Name

Date of Birth                                              Tax File Number (TFN)

INDIVIDUAL 2

Title                      Given Names

Last Name

Date of Birth                                              Tax File Number (TFN)

If there are more than two Individuals please print additional copies of this page as required.

IF COMPANY

Full Name of Company or Partnership

ACN

ABN (If applicable)

Tax File Number (TFN)

NAME OF DIRECTOR 1

Title                      Given Names

Last Name

Role                                              Date of Birth

NAME OF DIRECTOR 2

Title                      Given Names

Last Name

Role                                              Date of Birth

If there are more than two Directors please print additional copies op this page & the previous as required

SIGNATURES

Signature of Investor 1

X

Signatory's full name

Tick capacity (mandatory for companies)

Sole Director & Secretary    Director    Secretary    Trustee

Date

Signature of Investor 2

X

Signatory's full name

Tick capacity (mandatory for companies)

Sole Director & Secretary    Director    Secretary    Trustee

Date

Signature of Investor 3

X

Signatory's full name

Tick capacity (mandatory for companies)

Sole Director & Secretary    Director    Secretary    Trustee

Date

Signature of Investor 4

X

Signatory's full name

Tick capacity (mandatory for companies)

Sole Director & Secretary    Director    Secretary    Trustee

Date

For additional investors, please print pages as required.

CONTACTING US

Investor Services:

Open 8.30am to 5.30pm AEST

Monday - Friday

1300 269 419 (Australia only)

+61 7 3506 3690

investor@ascfprivate.com.au

Website: ascfprivate.com.au

Office Address:

Level 1, 50 Park Road, Milton QLD 4064

Post yourUpdated Details Formto:

AustralianSecure Capital

PO Box 1475

Milton QLD 4064

OR

Scan and email your form to:

investor@ascfprivate.com.au