

# **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.

<b>STEP 1</b> Complete this form and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross			SECTION B CHANGE OF RESIDENTIAL OR REGISTERED OFFICE ADDRESS Address		
STEP 2         Send us yourform         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		Suburb Country	State Post Code		
Got a question? We're happy to help! Call us on 1300 269 419			<b>Change of Postal Details</b> Please tick if same as above otherwise complete below		
Reason for completing this form:		Sections to complete*	Address		
Address/Contact Details		A & B			
Financial Institution Account		A&C	Suburb	State	
Signing Authority		A , B, C & D	Country	Post Code	
Change of Trustee A, E, F & G		A, E, F & G			
SECTION A Client Investor Number			Email and Phone Email address		
Investor Name (In full)			Home phone number		
			Mobile phone number		

SECTION C	SECTION F		
<b>CHANGE OF PAYMENT INSTRUCTIONS</b> Please select where you would like to be paid:	PREVIOUS TRUSTEE ACCOUNT DETAILS		
Please select where you would like to be paid.	IF PRIVATE INVESTOR		
NEWFINANCIAL INSTITUTION ACCOUNT DETAILS	INDIVIDUAL 1		
Account Name	Title Given Names		
	Last Name		
BSB Account Number			
	Date of Birth Tax File Number (TFN)		
SECTION D			
CHANGE OF SIGNING AUTHORITY	INDIVIDUAL 2		
	Title Given Names		
For Investments with two or more Individual Investors or corporate directors			
Signing requirements for withdrawal requests, transfers,	Last Name		
switches or change of account details. Any <u>one</u> Investor/Director to sign			
All Investors/Directors to sign	Date of Birth Tax File Number (TFN)		
	If there are more than two Individuals please print additional		
SECTION E	copies of this page as required.		
CHANGE OF TRUSTEE			
Legal Name of Trust, Super Fund or SMSF			
	Full Name of Company or Partnership		
	ACN		
<b>Type of Trust</b> (for example family trust, super fund, SMSF, discretionary trust)			
	ABN (If applicable)		
ABN			
	Tax File Number (TFN)		
Country Trust Established Tax File Number (TFN)			
	NAME OF DIRECTOR 1		
Settlor*^	Title Given Names		
	Last Name		
	Lusenume		
<ul> <li>* Not required for Regulated Superfunds or SMSF.</li> <li>^ For all other Trusts only complete if the settled sum of the Trust</li> </ul>	Role Date of Birth		
as noted in the Trust Deed is \$10,000 or more and the settlor is not deceased			

NAME OF DIF	ECTOR 2	Tax File Number (TFN)		
Title Given Names				
Last Name		NAME OF D Title	DIRECTOR 1 Given Names	
Role	Date of Birth	Last Name		
	pre than two Directors please print additional page & the previous as required	Role	Date of Birth	
SECTION	G EE ACCOUNT DETAILS	NAME OF DIRECTOR 2 Title Given Names		
IF INDIVIDUA	L INVESTOR/S			
INDIVIDUAL Title	1 Given Names	Last Name Role	Date of Birth	
Last Name	Last Name Date of Birth Tax File Number (TFN)		If there are more than two Directors please print additional	
Date of Birth			copies op this page & the previous as required	
INDIVIDUAL 2 Title	Given Names			
Last Name				
Date of Birth	Tax File Number (TFN)			
	ore than two Individuals please print additional page as required.			
IF COMPANY				
Full Name of	Company or Partnership			
ACN				
ABN (lf appli	cable)			

# 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



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

Date

## **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:www.ascfprivate.com.au

**Office Address:** Suite 6C, 33 Park Road, Milton QLD 4064

### Post yourUpdated Details Formto:

Australian Secure Capital PO Box 1475 Milton QLD 4064 OR Scan and email your form to: investor@ascfprivate.com.au

For additional investors, please print pages as required.

Trustee