



# Change of details form

PLEASE USE BLOCK LETTERS AND BLACK OR BLUE INK TO COMPLETE THIS FORM

Form Number **7 0 3**

Complete this form if you wish to make a change to any of the following:

- your contact details (address, phone number etc)
- income distribution arrangement
- bank account details
- your account name

Please complete section 1 'Investor details'.

From Section 2 onwards, please complete only the items that need updating.

## 1. Investor Details

Account name																								
Account number									Daytime telephone number															

## 2. Change your contact details

### Investor 1

Residential address (not a P.O. Box)

Title	Mr		Mrs		Miss		Ms		Dr			
Surname (or company/ partnership/ superannuation fund/ trust/estate)												
Given name												
Unit					Street Number					PO Box		
Street name												
Suburb								State				
Postcode					Country (if not Australia)							
Phone (after hours)					Phone (business hours)							
Mobile					Facsimile							
Email												

## Investor 2

Residential address (not a P.O. Box)  Same as Investor 1

Title Mr  
Surname (or company/ partnership/  
superannuation fund/ trust/estate)

Mrs Miss Ms Dr

Given name

Unit

Street Number

PO Box

Street name

Suburb

State

Postcode

Country  
(if not Australia)

Phone (after hours)

Phone  
(business hours)

Mobile

Facsimile

Email

## Mailing address for account

Same as Investor 1 residential address

Same as Investor 2 residential address

Otherwise complete updated mailing address details below:

Unit

Street Number

PO Box

Street name

Suburb

State

Postcode

Country  
(if not Australia)

## 3. Change your income distribution arrangement

How would you like your distributions to be paid?

Reinvested

Credited to my bank account (**complete your bank/financial institution account details in section 4**)

Please refer to the relevant product disclosure statement (PDS) regarding distribution payment methods.

The latest PDSs are available from the internet at [www.australianunityinvestments.com.au](http://www.australianunityinvestments.com.au).

Alternatively please contact us at 13 29 39 and we can mail a PDS to you.

## 4. Change your bank account details

Please use my/our nominated bank account below for:

Regular savings plan - direct debit from bank account

Distributions - credited to bank account

Regular payments - credited to bank account

Name of financial institution

Branch

Name of bank  
account holder(s)

Branch number (BSB)

-

Account number

Note: Your bank account must be an Australian bank/financial institution. You must be named on the bank account for a payment to be made into that account.

## 5. Change your account name

### Individuals

Attach an original certified copy of either your marriage certificate or deed poll as evidence of your change in name.

If you wish to transfer ownership of the account to another person, you will need to complete a transfer form (available from [www.australianunityinvestments.com.au](http://www.australianunityinvestments.com.au)) and the new account holder should complete a new application form (available with the current PDS).

### Partnership/Company

If you are changing your partnership/company name, attach a certified original copy of the Deed of Amendment, Certificate of Incorporation or Change of Name.

### Investor 1 or partnership/company - existing account name

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>
Surname/or company/ partnership name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Investor 1 or partnership/company - new account name

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Investor 2- existing account name

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Investor 2 - new account name

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Anti-Money Laundering

Anti-money laundering legislation has been introduced to help combat money-laundering and financing terrorism. As part of our ongoing compliance obligations, we may request additional information to verify identity of account holders.

## 6. Declaration and signatures

### I/We agree and acknowledge that:

- all details in this form are true and correct

#### Investor 1

Signature

Print Name

Date

Capacity  Individual  Joint  Director  
 Trustee  Other

#### Investor 2

Signature

Print Name

Date

Capacity  Individual  Joint  Director  
 Trustee  Other

#### Please send this form to:

Australian Unity Investments  
Reply Paid 64466  
South Melbourne VIC 3205  
(no stamp required if mailed in Australia)

#### Or:

Forward this form to your financial adviser

## Contact us

#### Investor Services

T 13 29 39  
F 03 8682 5057

#### Address

Client Services  
Australian Unity Investments  
114 Albert Road  
South Melbourne Vic 3205

#### Adviser Services

T 1800 649 033  
F 03 8682 5057

#### Website:

[www.australianunityinvestments.com.au](http://www.australianunityinvestments.com.au)

#### Email:

[investments@australianunity.com.au](mailto:investments@australianunity.com.au)