

Please return completed form to: TPT Wealth Limited Unit Registry C/- LINK Market Services Limited Locked Bag 5038 Parramatta NSW 2124 Phone: 1300 138 044 tptwealth.com.au

## **Change of Details Form**

Investor number							
Registered investor name(s)							
Phone number (business hours)							
Thore number (business nours)							
A Reason(s) for completing this form							
Please indicate below the details you wish to amend and complete the applicable sections:							
Change of residential address – Section B							
Change of postal address – Section C							
Change of contact details – Section D							
Change of name – Section E							
B Change of residential address							
Investor 1 or Company / Partnership / Trust / Superannuation fund							
New residential address (Note: PO Box is not acceptable)							
Street							
Suburb		State		P/code			
Investor 2	'		L				
New residential address (Note: PO Box is not acceptable)							
Street							
Suburb		State		P/code			
C Change of postal address							
All communications will be sent to the details provided below.							
Contact name							
Company name (if applicable)							
Street / PO Box No.							
Suburb		State		P/code			

D Change of contact details	
Investor 1 or Company / Partnership / Trust / Superannuation fund	Investor 2
Home number (inc area code)	Home number (inc area code)
Business number (inc area code)	Business number (inc area code)
Mobile number	Mobile number
Fax number	Fax number
Email address	Email address
State or Territory Proof of Age card or a Passport. (A numl	nge of name certificate. Please also provide either a Drivers Licence, ber of persons can certify a document under anti-money laundering of the Peace, Australia Post agent, bank officer/manager, accountant,
Investor 1 or Company / Partnership / Trust /	Investor 2
Superannuation fund New surname or company name	New surname
New given name(s)	New given name(s)
Old signature	Old signature
Now signature	Now signature
New signature	New signature

## F Declaration and signature

By signing this form, I/we:

- declare that I/we have read and understood and agree to be bound by the terms and conditions of the current PDS, Additional Information Booklet and Application Form for the relevant Fund(s);
- declare that all details previously disclosed and provided in this Change of Details Form are true and correct and I/we
  undertake to inform you of any changes to the information supplied as and when they occur;
- · (if signing under a power of attorney) declare that I/we have not received notice of revocation of that power;
- acknowledge that investments in the Fund(s) are subject to various elements of risk, including possible delays in repayment and loss of income or capital invested;
- acknowledge all personal information is collected in accordance with TPT Wealth's Privacy Policy, a copy of which is available at tptwealth.com.au.

Investor type	Who should sign							
Individual	Where the investment is in one name, the investor must sign.							
Joint investors	Where the investment is in more than one name, all investors must sign or unless otherwise authorised.							
Company	Two directors or a director and a company secretary, unless you are a sole director and sole company secretary or an authorised signatory previously noted by the registry.							
Trust	Each trustee must sign unless otherwise authorised or, if a corporate trustee, then as for a company.							
Partnership	Each partner.							
Association or Registered co-operative	Each office bearer.							
Government body	Relevant principal office/authorised signatory.							
Power of attorney	If signed under power of attorney, the power of attorney must have been previously noted by the registry.							
Signature 1		Signature 2						
Name		Name						
Date		Date						
DD / MM / YYYY		DD / MM / YYYY						
Title		Title						
Investor 1 (individual)	Director	Investor 2 (individual) Director						
Secretary	Sole director or secretary	Secretary Sole director or secretary						
Non-corporate trustee	Partner	Non-corporate trustee Partner						
Other office bearer or attorney (please specify)		Other office bearer or attorney (please specify)						

Once complete, please return this form to  $\rangle$ 

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