Please return completed form to:
TPT Wealth Limited
Unit Registry
C/- Link Market Services
PO Box 3721
Rhodes NSW 2138
Phone: 1300 138 044
tptwealth.com.au

Change of Financial Adviser Form

Please complete this form if you have changed your financial adviser, wish to add a new financial adviser or remove your current financial adviser from your account.

Investor number

Registered investor name(s)

Phone number (business hours)

A Current financial adviser details

Please enter the details below of your financial adviser who we currently hold on file.

Name of current financial adviser

TPT Wealth adviser number (if known)

Company or organisation name

Postal address

Street / PO Box No.

Suburb

State

P/code

Dealer group

☐ Delete the financial adviser indicated above and do not replace with another adviser. Please go to section C.

☐ Delete and replace with the financial adviser details in Section B.

B New financial adviser details

Please give your consent, by ticking the appropriate box below, for us to provide your financial adviser with access to information about your investments and authorise them to make enquiries on your behalf.

☐ I wish my financial adviser to receive information about my investments. By entering my financial adviser details below I acknowledge and agree that they will have online access to information about my investment and may receive copies of my statements by email or post.

Name of new financial adviser

Adviser number (if known)

AFSL number (if known)

Practice office name

Registered address

P/Code

Business number (include area code)

Fax number

Mobile number

Email address

Dealer group

AFSL number (if known)

Registered address

P/Code

Business number (include area code)

Fax number

Mobile number

Email address

C 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 Financial Adviser 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;
- authorise TPT Wealth to act upon instructions by post, email or facsimile (as applicable) with regard to the units or interests applied for for (and any further units or interests acquired) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done in accordance with such instructions and notwithstanding the same was not signed or sent by me/us. I/We agree that this authorisation shall remain in force until notice in writing of its termination is received by TPT Wealth;
- 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

Name

Date

DD / MM / YYYY

Title

☐ Investor 1 (individual) ☐ Director
☐ Secretary ☐ Sole director or secretary
☐ Non-corporate trustee ☐ Partner
☐ Other office bearer or attorney (please specify)

Signature 2

Name

Date

DD / MM / YYYY

Title

☐ Investor 2 (individual) ☐ Director
☐ Secretary ☐ Sole director or secretary
☐ Non-corporate trustee ☐ Partner
☐ Other office bearer or attorney (please specify)

Once complete, please return this form to

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C/- Link Market Services
PO Box 3721
Rhodes NSW 2138
Fax: 02 9287 0328
email: tpt@linkmarketservices.com.au