

## Account Authorities Form

Investor number

Registered investor name(s)

Phone number (business hours)

### A Reason(s) for completing this form

Please indicate below the details you wish to amend and complete the applicable sections:

- Change to number of signatories – Section B  
 Authority for Account Signatory to access account – Section C

### B Change to number of signatories

Please indicate the number of account holders required to sign:

- Any one to sign  Two to sign  Other (please specify)  If this section is not completed all account holders will be required to sign.

### C Authority for Account Signatory to access account

Account Signatory 1

Add **OR**  Remove

Title:  Given name(s):

Surname:

Date of birth:

Position  Director  Secretary  Other (specify)

Residential street address or C/-:

(Note: PO Box is not acceptable)

Suburb  State  P/Code

Contact details: Phone  Mobile

Email  Fax

I/We hereby confirm that I/we have read and agree to the terms and conditions which apply to the authorities contained in this Form and as outlined in the Product Disclosure Statements, a copy of which has been provided to me/us.

Signature  Date

Account Signatory 2

Add **OR**  Remove

Title:  Given name(s):

Surname:

Date of birth:

Position  Director  Secretary  Other (specify)

## Account Signatory 2 continued

Residential street  
address or C/-:

(Note: PO Box is not acceptable)

Suburb

State

P/Code

Contact details:

Phone

Mobile

Email

Fax

I/We hereby confirm that I/we have read and agree to the terms and conditions which apply to the authorities contained in this Form and as outlined in the Product Disclosure Statements, a copy of which has been provided to me/us.

Signature

Date

## Account Signatory 3

 Add **OR**  Remove

Title:

Given name(s):

Surname:

Date of birth:

DD / MM / YYYY

Position

Director

Secretary

Other (specify)

Residential street  
address or C/-:

(Note: PO Box is not acceptable)

Suburb

State

P/Code

Contact details:

Phone

Mobile

Email

Fax

I/We hereby confirm that I/we have read and agree to the terms and conditions which apply to the authorities contained in this Form and as outlined in the Product Disclosure Statements, a copy of which has been provided to me/us.

Signature

Date

## Account Signatory 4

 Add **OR**  Remove

Title:

Given name(s):

Surname:

Date of birth:

DD / MM / YYYY

Position

Director

Secretary

Other (specify)

Residential street  
address or C/-:

(Note: PO Box is not acceptable)

Suburb

State

P/Code

Contact details:

Phone

Mobile

Email

Fax

I/We hereby confirm that I/we have read and agree to the terms and conditions which apply to the authorities contained in this Form and as outlined in the Product Disclosure Statements, a copy of which has been provided to me/us.

Signature

Date

## D 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 Account Authorities 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 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 (and any further units or interests acquired) or a 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](http://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

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

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 

TPT Wealth Limited Unit Registry  
 C/- LINK Market Services Limited  
 Locked Bag 5038  
 Parramatta NSW 2124  
 Fax: 02 9287 0328  
 email: [tpt@linkmarketservices.com.au](mailto:tpt@linkmarketservices.com.au)