



## 2. Change of investor details (continued)

### A. Individual and joint account holders

**Investor 1** (individual account holder)

**2. Are you a tax resident of another country?**

yes  (complete the following details) no

**If 'yes', please list all relevant countries and provide your tax identification number (TIN) for each country.**  
*A TIN refers to the number assigned by a country for the purpose of administering its tax laws and is the equivalent of a TFN in Australia. If a TIN is not provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN.*

Country 1

TIN  If no TIN, list reason A, B or C

Country 2

TIN  If no TIN, list reason A, B or C

*If there are more than two countries, provide details on a separate sheet and tick this box.*

**Reason A:** The country of tax residency does not issue TINs to tax residents.

**Reason B:** I have not been issued with a TIN.

**Reason C:** The country of tax residency does not require the TIN to be disclosed.

Residential address (mandatory)

unit number  street number

street name

suburb (if relevant) or city

state  postcode

country

phone (business hours)

phone (after hours)

mobile

email address

**Investor 2** (joint account holder)

**2. Are you a tax resident of another country?**

yes  (complete the following details) no

**If 'yes', please list all relevant countries and provide your tax identification number (TIN) for each country.**  
*A TIN refers to the number assigned by a country for the purpose of administering its tax laws and is the equivalent of a TFN in Australia. If a TIN is not provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN.*

Country 1

TIN  If no TIN, list reason A, B or C

Country 2

TIN  If no TIN, list reason A, B or C

*If there are more than two countries, provide details on a separate sheet and tick this box.*

**Reason A:** The country of tax residency does not issue TINs to tax residents.

**Reason B:** I have not been issued with a TIN.

**Reason C:** The country of tax residency does not require the TIN to be disclosed.

Residential address (mandatory)

unit number  street number

street name

suburb (if relevant) or city

state  postcode

country

phone (business hours)

phone (after hours)

mobile

email address

By providing my/our email address, I/we agree to receive any information about my/our investment (such as transaction confirmations, statements (including tax statements), reports and other materials or notifications required by the Corporations Act) electronically. This may include email notifications advising me/us when new information regarding my/our investment is available for viewing online, via hyperlink or via Investor Centre. I/We acknowledge you may still need to send me/us information by mail from time to time. If you are updating your mobile phone number, we will also require certified identification.

**Note:** This consent does not relate to documents such as notices of meetings, voting or proxy forms or Fund annual reports.

## 2. Change of investor details (continued)

### A. Individual and joint account holders – Postal address (optional)

**Investor 1** (individual account holder)

**Investor 2** (joint account holder)

po box	unit number	street number
street name		
suburb		
state	postcode	
country		

po box	unit number	street number
street name		
suburb		
state	postcode	
country		

**Investor 1** (individual account holder)

**Investor 2** (joint account holder)

### B. All other account holders

company name		
name of superannuation fund, trust, partnership, association, government body or co-operative		
c/-		
po box	unit number	street number
street name		
suburb		
state	postcode	country
phone (business hours)	mobile	fax
email address		

Provide your email address and we will provide you with email notification of new account correspondence as it becomes available.

### 3. Change of authorised representative appointment

I/We have read and agree to the conditions applying to the appointment of an authorised representative as set out in the relevant Product Disclosure Statement.

You can self-service through Investor Centre to provide **View only** online access to that representative

**authorised representative details:**

first name(s)																									
last name																									
po box	unit number	street number																							
street name																									
suburb																									
state	postcode	country																							
email address																									
signature of authorised representative																								date	
																								D D / M M / Y Y Y Y	

### 4. Change of account details

You can only nominate a bank account that is held in your name(s). By providing your bank account details in this section, you accept the terms in the Direct Debit Service Agreement and authorise Perpetual to use these details for all future transaction requests that you nominate.

If you are updating or providing new bank details, you will need to provide a copy of your bank statement for verification purposes.

#### Bank account

Complete your bank account details in this section and indicate what you would like us to use these bank account details for

withdrawals    distribution payments    monthly savings plan    monthly withdrawal plan

name of financial institution

branch name

branch number (BSB)   account number

-

name of account holder

signature of account holder A	signature of account holder B

date D D / M M / Y Y Y Y

**Please note** section 7 of this form must also be completed.

## 5. Change of distribution details

Reinvest distributions for all my funds in this account.

Pay all distributions to my bank account as specified in Section 4.

- If you wish to reinvest your distributions for specific investment funds within your account, please contact us on 1800 022 033.

## 6. Change of financial adviser

Complete this section if you are changing your financial adviser.

I/We have a new financial adviser whose details appear below. I/We acknowledge that Perpetual will hold personal information about me/us and will disclose this information to my/our financial adviser. I/We acknowledge that Perpetual will cease to disclose this personal information if I/we notify Perpetual that the financial adviser whose details appear below no longer acts on my/our behalf.

name of financial adviser																									
postal address																									
suburb													state			postcode									
phone (business hours)													phone (mobile)												
email																									
Perpetual adviser number													or												
(a) dealer group													and												
(b) dealer branch location*																									
*City or suburb of the dealer group office you operate through																									
financial adviser signature													date	D	D	/	M	M	/	Y	Y	Y	Y		

**ADVISER  
STAMP**

## 7. Investor signature(s)

- You will be required to provide proof of your identity to us if previously provided certified identification has expired.
- Please sign this form where indicated below. This form must be signed as per the current signing instructions we have on record. If no amendments have been made, the current signatories for the account are the individuals who signed the initial investment application form.
- If signed under power of attorney, the attorney certifies that he or she has not received notice of revocation of the power of attorney. Please include the power of attorney (or a certified copy) with this form if it has not previously been provided to Perpetual.
- For information, please call Investor Services on **1800 022 033** during business hours (Sydney time), visit [www.perpetual.com.au](http://www.perpetual.com.au) or email [PerpetualUTqueries@cm.mpms.mufg.com](mailto:PerpetualUTqueries@cm.mpms.mufg.com)

Signature of investor 1 or company officer	Signature of investor 2 or company officer
<input type="text"/>	<input type="text"/>
print name	print name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
capacity (company investments only)	capacity (company investments only)
<input type="checkbox"/> sole director <input type="checkbox"/> director <input type="checkbox"/> secretary	<input type="checkbox"/> director <input type="checkbox"/> secretary
date	date
<input type="text"/>	<input type="text"/>

Please send the completed form to:  
**Perpetual Investments Unit Registry**  
**Locked Bag 5038**  
**Parramatta NSW 2124**  
or email: [PerpetualUTinstructions@cm.mpms.mufg.com](mailto:PerpetualUTinstructions@cm.mpms.mufg.com)