



Please return this completed form to:

State Street Australia Limited
Attention: Unit Registry
Level 14
420 George Street
SYDNEY NSW 2000
Australia
email: ssaltrading@statestreet.com

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.

Account number

--	--	--	--	--	--	--	--	--	--

Account name

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 / contact

--

Full registered name

--

Trading name (if different from registered name)

--

AFSL number

--

Registered address

Postal address (if different from the above)

Dealer group

--

- Delete the financial adviser indicated above and do not replace with another adviser.
- Delete and replace with the financial adviser details in Section B.



B New financial adviser details

By ticking the appropriate box below you will give your consent for us to provide your financial adviser with access to information about your investment account and authorise them to make enquires on your behalf.

- I wish my financial adviser to receive information about my investment account and confirm that they are authorised to access information (including receive copies of any investor statements or notices) on my investment account.
- I do not wish my financial adviser to receive information about my investments. Please refer to Section C.

Name of financial adviser / contact

AFSL number (if known)

Dealer group

Full registered name

Trading name (if different from registered name)

Registered address

<input type="text"/>								
<input type="text"/>								
<input type="text"/>				Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address (if different from registered address)

<input type="text"/>								
<input type="text"/>								
<input type="text"/>				Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

Business number (include area code)

Fax number (include area code)

Mobile number



C Declaration and signature

By signing this form, I/we:

- declare that I/we have read and understand the current (and any Supplementary) PDS for the relevant fund(s);
- declare that all details provided in this request 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;
- acknowledge and agree to be bound by the declarations and conditions provided by me/us as outlined in section K of the relevant Application Form.
- acknowledge that investments in the fund(s) are subject to investment risk. For further information on the risks associated with the fund(s) please refer to the relevant PDS.

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
Company	two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
Trust	each trustee must sign 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 officer/authorized signatory
Power of attorney	if signed by the unit holder's attorney, the power of attorney must have been previously been provided. If not a certified copy of the power of attorney as well as a certified copy of the Power of Attorney's driver's license, passport or other photo identification which confirms the name, address and contains their signature must be attached to this form

Signature 1

X

Name

Date

Title

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

Signature 2

X

Name

Date

Title

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