

**IMPORTANT: Please use BLOCK letters and black ink when completing this form. Please read all the information and the back of this form to help you complete your Change of Investor Details Form correctly. This request will be invalid if not signed and dated. See Instructions on page 3.**

## 1. SCHEME ACCOUNT NUMBER

Individual  Joint  Partnership  Superannuation Fund  Trust  Company

## 2. EXISTING INVESTOR DETAILS

Title  Name (First Investor)/Company

Title  Name (Second Investor)

Name of Trust/Super Fund

\*Address(Residential/Registered Office/Principal Place of Business/Mailing)

## 3. TYPE OF CHANGE REQUIRED

Name  Address  Phone Number(s)  Email

Other (please sepcify)

## 4. NAME CHANGE DETAILS

Please attach appropriate documentation e.g. marriage certificate or registration of change of name.

Marriage  Deed Poll  Divorce  Company Name Change  Change of Trustee(s)

Other (please specify)

## 5. NEW DETAILS

Title  Name (First Investor)/Company

Title  Name (Second Investor)

Name of Trust/Super Fund

\*Address(Residential/Registered Office/Principal Place of Business/Mailing)

Suburb/Town/City  State  Postcode

Bank Account Number  TFN  ABN

Contact Name

Home Phone Number  Work Phone Number  Mobile Phone Number

Email

## 6. AMENDMENT TO FEES

Adviser Review Fee  % excl. GST or  \$ excl. GST (maximum 2.0% p.a. excl. GST)

Ongoing Adviser Fee  % excl. GST or  \$ excl. GST (maximum 2.0% p.a. excl. GST)

Include Cash Account balance

Contribution Fee  % excl. GST or  \$ excl. GST (maximum 5.0% of the total value of securities held within the Powerwrap Managed Investment Scheme excl. GST)

Signature of Advisor

Date  /  /

## 7. AMENDMENT TO CASH MANAGEMENT ACCOUNT NUMBER

Account Number

## 8. CHANGE OF DETAILS

Please indicate

Beneficiary Details  Company Shareholder Details  Trustee Details  Authorised Signatory Details

(If amending more than one, please attach additional pages as required)

Title  Given Names

Surname  Date of Birth

Residential Address

Suburb/Town/City  State  Postcode

## 9. APPLICANT DECLARATIONS

I declare that all of the above details are correct.

Please note that where the account has been opened with two signatories, both signatories are required to sign below.

### ACCOUNT HOLDER 1 TO SIGN HERE

Name .....  Sole Director  
Signature .....  Director  
 Secretary

Date  /  /

I have Power of Attorney

### ACCOUNT HOLDER 2 TO SIGN HERE

Name .....  Sole Director  
Signature .....  Director  
 Secretary

Date  /  /

I have Power of Attorney

Company Seal

AFFIX  
COMPANY  
SEAL

If signing under Power of Attorney, you verify that, at the time of signing, you had not received notice of revocation of that Power of Attorney. In the event that a certified copy of the Power of Attorney has not been previously provided, you must submit this with the completed form.

## HOW TO COMPLETE THE CHANGE OF INVESTOR DETAILS FORM

### 1. SCHEME ACCOUNT NUMBER

Your account number can be found in your welcome pack, portfolio reports or via internet access using your User ID and password provided.

### 2. EXISTING INVESTOR DETAILS

Please enter your current investor details.

### 3. TYPE OF CHANGE REQUIRED

Please indicate what type of change you wish to make by ticking the relevant box.

### 4. NAME CHANGE DETAILS

Please provide the appropriate documentation if you are changing your name.

### 5. NEW DETAILS

Complete this section to advise us of your new details on your Scheme Account.

### 6. AMENDMENT TO FEES

Complete this section if you wish to change the fees calculated on your Scheme Account noting maximum values.

### 7. AMENDMENT TO CASH MANAGEMENT ACCOUNT NUMBER

Complete this section if you wish to change your linked Cash Management Account number.

### 8. CHANGE OF DETAILS

Complete this section if you wish to advise us of any changes to Beneficiaries, Company Shareholders, Trustees or Authorised Signatories.

### 9. APPLICANT DECLARATION(S)

Applicants must sign and date the declaration before returning this form.

### Privacy

Please note that by sending us information about yourself you are agreeing that the Operator can use it for the purposes of operating your Scheme Account. If you have any questions about your rights under the privacy legislation, please call the Operator on 03 8681 4600.

Return completed original form to Powerwrap Limited PO Box 16071 Collins Street West VIC 8007  
Email to: [clientservices@powerwrap.com.au](mailto:clientservices@powerwrap.com.au)