

# Change of Details Form

## Australian Unity Select Income Fund ARSN 091 886 789

Please:

- Use **BLOCK** letters and a black or blue pen to complete this form
- Indicate using an 'X' where appropriate. If a section does not apply to you, please indicate using 'N/P'

**Complete this form if you wish to make a change to any of the following:**

- Your contact details (address, phone number etc)
- Income distribution arrangement
- Bank account details
- Your account name

Please complete **Step 1** 'Investor details'.

From **Step 2** onwards, please complete only the items that need updating.

Your personal information will be collected, used and disclosed by us in accordance with our Privacy Policy and in accordance with the law.

You can obtain a copy of our Privacy Policy via our website [australianunity.com.au/privacy-policy](http://australianunity.com.au/privacy-policy) or by telephone 1300 412 356.

### Step 1 Investor details

Account name

Account number  Daytime telephone number

### Step 2 Change your contact details

#### Investor 1

Residential address (not a PO Box)

Title  Mr  Mrs  Ms  Miss  Dr  Other:

Surname (or company/  
partnership/superannuation  
fund/trust/estate)

Given name

Unit  Street number  PO Box

Street name

Suburb

Postcode  Country

Phone (after hours)  Phone (business hours)

Mobile phone  Facsimile

Email

Preferred contact method  Phone  Email

## Investor 2

Residential address (not a PO Box)  Same as **Investor 1**

Title  Mr  Mrs  Ms  Miss  Dr  Other:

Surname (or company/  
partnership/superannuation  
fund/trust/estate)

Given name

Unit  Street number  PO Box

Street name

Suburb

Postcode  Country

Phone (after hours)  Phone (business hours)

Mobile phone  Facsimile

Email

Preferred contact method  Phone  Email

## Mailing address for account

Same as **Investor 1** residential address OR  Same as **Investor 2** residential address

Otherwise complete updated mailing address details below:

Unit  Street number  PO Box

Street name

Suburb

Postcode  Country (if not Australia)

## Step 3 Change of your income distribution arrangement

How would you like your distributions to be paid?  Reinvested  
 Credited to my bank account  
**(complete your bank/financial institution account details in section 4)**

Please refer to the relevant product disclosure statement (PDS) regarding distribution payment methods.

The latest PDSs are available from the internet at [australianunity.com.au](http://australianunity.com.au)

Alternatively please contact us on 1300 412 356 and we can mail a PDS to you.

## Step 4 Change of your income distribution arrangement

How would you like your distributions to be paid?  
 Regular savings plan - direct debit from bank account  Distributions - credited to bank account  Regular payments - credited to bank account

Name of Australian financial institution

Branch name

Name of bank account holder(s)

Branch number (BSB)  -  Account number

**Note:** Your bank account must be an Australian bank/financial institution.

You must be named on the bank account for a payment to be made into that account.

### Step 5 Change of your account name

#### Individuals

Attach an original certified copy of either your marriage certificate or deed poll as evidence of your name change.

If you wish to transfer ownership of the account to another person, you will need to complete a transfer form (available from [australianunity.com.au](http://australianunity.com.au)) and the new account holder should complete a new application form (available with the current PDS).

#### Partnership/Company

If you are changing your partnership/company name, attached a certified original copy of the Deed of Amendment, Certificate of Incorporation or Change of Name.

#### Investor 1 or partnership/company - existing account name

Title  Mr  Mrs  Ms  Miss  Dr  Other:

Surname/or company/  
partnership name

Given name(s)

#### Investor 2 - existing account name

Title  Mr  Mrs  Ms  Miss  Dr  Other:

Surname/or company/  
partnership name

Given name(s)

#### Investor 2 - new account name

Title  Mr  Mrs  Ms  Miss  Dr  Other:

Surname/or company/  
partnership name

Given name(s)

#### Anti-Money Laundering

Anti-Money Laundering legislation has been introduced to help combat money-laundering and financing terrorism.

As part of our ongoing compliance obligations, we may request additional information to verify identity of account holders.

**Step 6 Declaration and signatures**

**I/We agree and acknowledge that:**

- All details in this form are true and correct
- My/our personal information will be collected, used and disclosed by Australian Unity in accordance with its Privacy Policy and in accordance with the law.

**Entity Declaration** (to be completed by an authorised representative of the entity, such as a Director or Trustee).

**Investor 1**

X

Surname

Given name(s)

Capacity  Individual  Joint  
 Director  Partner  
 Trustee  Other:

**Investor 2**

X

Surname

Given name(s)

Capacity  Individual  Joint  
 Directors  Partner  
 Trustee  Other:



**Return by post**

Send completed form together with relevant identification documents.

**Within Australia**

Australian Unity Select Income Fund  
 Replied Paid 91914  
 MELBOURNE VIC 3000  
 (No stamp required if mailed within Australia)

**Outside Australia**

Australian Unity Select Income Fund  
 271 Spring Street  
 MELBOURNE VIC 3000



**Email**

investments@australianunity.com.au

**Contact us**

**Investor Services**

**1300 412 356**

**australianunity.com.au/wealth/sif**