

> Change of Investor Details

1. Investor details

Investor number

Investor name

2. Details to be changed

I wish to change the following details:

- Contact details
- Bank account details
- Financial adviser
- TFN and/or ABN
- Distribution method
- Regular Investment Plan Amount

3. New contact details

Please change my address details to:

Residential address

Unit no

Street no

Street name

Suburb

State

Postcode

Postal address

Same as residential

Unit no

Street no

Street name

Suburb

State

Postcode

Email address

Please change my preferred communication method to:

Email

Post

4. New bank account details

I wish to nominate the following bank account to be used for all future payments made for:

Distributions only Redemptions Only Distributions and redemptions

Account name

(Must be in the name of an investor)

Name of financial institution

(Must be an Australian authorised deposit taking institution)

Branch

BSB Account number

5. New financial adviser details

Please change my Financial Adviser details to:

Authorised representative name

Practice name

Mailing address

Unit no

Street no

Street name

Suburb

State

Postcode

Phone number

Fax number

Email address

Dealer group name

AFSL number

Grant Samuel adviser code

6. New TFN/ABN details

Please update my TFN and or ABN as follows:

Tax File Number

ABN

7. New distribution preference details

	Distribution preference	
	Reinvestment	Bank deposit
Grant Samuel Epoch Global Equity Shareholder Yield (Hedged) Fund	<input type="checkbox"/>	<input type="checkbox"/>
Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund	<input type="checkbox"/>	<input type="checkbox"/>
Payden Global Income Opportunities Fund	<input type="checkbox"/>	<input type="checkbox"/>
Triple3 Volatility Advantage Fund – Class A	<input type="checkbox"/>	<input type="checkbox"/>
Grant Samuel Global Equity Advantage Fund – Class A	<input type="checkbox"/>	<input type="checkbox"/>

8. New investment plan amounts

Please change my regular investment plan amounts to the following:

	APIR Code	Monthly investment
<input type="checkbox"/> Grant Samuel Epoch Global Equity Shareholder Yield (Hedged) Fund	GSF0001AU	\$ <input type="text"/>
<input type="checkbox"/> Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund	GSF0002AU	\$ <input type="text"/>
<input type="checkbox"/> Payden Global Income Opportunities Fund	GSF0008AU	\$ <input type="text"/>
<input type="checkbox"/> Triple3 Volatility Advantage Fund – Class A	GSF0009AU	\$ <input type="text"/>
<input type="checkbox"/> Grant Samuel Global Equity Advantage Fund – Class A	GSF0013AU	\$ <input type="text"/>
Total		\$ <input type="text"/>

Regular Investment amounts are paid by direct debit. **If this is your first request for a direct debit you must also complete the Direct Debit Request form on page 4.**

9. Declaration and signature

This form must be signed as per the current signing instructions we have on record.

If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of the Power of Attorney. If not previously provided, please mail a certified copy of the Power of Attorney.

Name

Signature

Date

 / /

Name

Signature

Date

 / /

The completed form can be sent to:

Unit Registry
FundBPO
GPO Box 4968
Sydney NSW 2001



FundBPO Pty Ltd (ACN 118 902 891)
Level 1, 51-57 Pitt Street
Sydney NSW 2000
Phone: 02 9247 3326

Direct Debit Request

Request and Authority to debit the account named below to pay
FundBPO Pty Ltd

Request and Authority to debit

Your Surname or company name

Your Given names or ABN/ARBN

 "you"

request and authorise **FundBPO Pty Ltd (FundBPO)** to arrange, through its own financial institution, a debit to *your* nominated account any amount **FundBPO** has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution *you* have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name

Address

Insert details of account to be debited

Name/s on account

BSB number (must be 6 digits)

Account number

Acknowledgement

By **signing** and/or providing us with a **valid instruction** in respect to *your* Direct Debit Request, *you* have understood and agreed to the terms and conditions governing the debit arrangements between *you* and **FundBPO** as set out in this Request and in *your* Direct Debit Request Service Agreement.

Payment details

The maximum amount to be debited at any one time is:

\$

Amount in words

or

The first debit may be made on / / and at
weekly / fortnightly / monthly / quarterly / half yearly / intervals after that

Insert your signature and address

Signature

Date

 / /

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address