# CHANGE OF INVESTOR DETAILS



#### Part 1 - How to use this form

Use this form to update investor and signatory details on your Powerwrap Investment Account. Provide your **portfolio details** and indicate the **type of change** required by ticking the relevant box. Complete all details in the relevant section of the form.

#### Part 2 - Portfolio details

Account name Account number

#### Part 3 - Type of change

Update to details: Remove parties: (part 8) Add parties: (part 9)

Contact details (part 4) Beneficiary Beneficiary

Designation (part 5) Beneficial owner Beneficial owner

Name (part 6) Director Director

Signature (part 7) Authorised signatory Authorised signatory

## Part 4 - Change of contact details

Name of contact

Residential address Postal address

Town or suburb Postcode Town or suburb Postcode

State / territory Country State / territory Country

Contact phone Business phone

Email for correspondance (one per account) Email for contract notes (trade confirmations)

### Part 5 - Change / add a designation

A designation is an identifier for an account such as "<No 1 a/c>". Please refer to the Powerwrap Investment Account Product Disclosure Statement (PDS) for guidance.

New account designation

Part 6 - Change of nam	ie	
Please attach appropriate	documentation e.g.	Marriage Certificate / Deed Poll / ASIC extract / Deed of amendment
<b>A) Individual name</b> Please complete this sect change, such as a certified		ecimen of your new signature as well as proof of your name 's license.
Previous name		New title (e.g. Mr/Ms/Mrs/Dr/Prof)
New name		
Reason for change:		
Marriage	Divorce	Deed Poll Other
New signature		
B) Company or trust name Please complete this section an ASIC extract or certified	tion to update a com	npany or trust name and provide supporting documentation such as of amendment.
New Company name		
ABN / ACN		TFN
New Trust name		
ABN / ACN		TFN
Part 7 - Change of sign Complete this section if you signature, such as a certif	ou wish to lodge a ne	ew specimen of your signature and provide us with proof of your new er's license
Name		Title (e.g. Mr/Ms/Mrs/Dr/Prof)
New signature		
Part 8 - Remove benefi	cial owner / benefic	siary / director / authorised signatory
Name		Position (e.g Individual, Director, Trustee, etc)+
Tarric		r solder (c.g maridadi, pirestol, musice, etc)
Name		Position (e.g Individual, Director, Trustee etc)+

Please provide certified co Name		ınd, for Directoi	thorised signars, a copy of the ate of birth	•		
Address		Р	lace of birth			
		C	ountry of birth			
Town or suburb	Posto		lationality			
State / territory	Country	(	Citizenship			
Capacity:						
Beneficial Owner	Beneficiary	Director /	secretary	Authorised signatory		
Signature						
• if signing under a P	ails I/we have provide ower of Attorney (PO	A)* - verify that	at the time of	signing, the POA is valid and has no		
been revoked and tl	he form can be signe	d by the Attorn	ey.			
Signature of account hol	der 1		Signature of account holder 2			
	Date			Date		
Name		1	Name			
	Position (e.g Individual, Director, Attorney etc)*+			Position (e.g Individual, Director, Attorney etc)*+		
Position (e.g Individual, D	virector, Attorney etc)*	·+ F	Position (e.g In	dividual, Director, Attorney etc)*+		

Return this completed form and all supporting documents to your Financial Adviser or Nominated Adviser Representative. Alternatively, return to us by post to: Powerwrap Client Services, PO Box 16071, Collins St West VIC 8007

This form to be used in respect of Powerwrap Investment Account ARSN 137 053 073 issued by Powerwrap Limited ("Responsible Entity", "Powerwrap") ABN 67 129 756 850 AFSL 329829