

# Surrey Australian Equities Fund Change of Details Form



## Instructions

Please complete this form to make changes to your personal details. Please use BLOCK letters to complete this Change of Details Form.

### A. Investor details

Investor number

Investor name

Name of Fund(s) or investment you would like details changed (if applicable)

1.

2.

3.

Please select what details you would like to change?

- |  |  |
|--|--|
| <input type="checkbox"/> Address and/or contact details (Complete Section B) | <input type="checkbox"/> Nominated bank account details (Complete Section E) |
| <input type="checkbox"/> Power of Attorney (Complete Section C)              | <input type="checkbox"/> Income distribution option (Complete Section F)     |
| <input type="checkbox"/> Tax Residency Status (Complete Section D)           | <input type="checkbox"/> Other (Complete Section G)                          |

### B. New Address and/or Contact Details

Have you moved overseas?  Yes, please indicate which country

No

**New Residential or Business Address** (PO Box is not acceptable)

Unit no      Street no      Street name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Suburb/town      State      Postcode      Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**New Postal Address** (if different from Residential or Business Address)

Unit no      Street no      Street name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Suburb/town      State      Postcode      Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**New Contact Details**

Contact name

Phone

Mobile

Email (This email address will be used for ALL correspondence)

Please use BLOCK letters to complete this Change of Details Form.

### C. New or Change of Power of Attorney

I/we have appointed / would like to appoint a new (please cross out as necessary) a Power of Attorney (POA) to act on my/our behalf.

If you have an existing appointed attorney, please provide an original certified copy of the POA.

If you do not have an existing appointed POA, please contact us on +61 3 9691 5490 or [info@surreyassetmanagement.com](mailto:info@surreyassetmanagement.com)

I/we would like to remove my/our appointed Power of Attorney: Name:

### D. Change of Tax Residency Status

Please complete this section if you have changed tax residency status.

I have become a tax residence of AUSTRALIA, effective date (dd/mm/yyyy)

	Tax File Number (TFN)	TFN Exemption (if applicable)
Investor 1	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>

It is not against the law if you choose not to provide your Tax File Number (TFN) or exemption reason. However, please note that should you decide not to, tax may be deducted from your distribution at the highest marginal tax rate (plus Medicare levy).

I am no longer a tax resident of AUSTRALIA, effective date (dd/mm/yyyy)

Please provide Tax Identification Number (TIN) or equivalent

	Country	Tax Identification Number (TIN)	If no TIN, list reason A, B or C
Investor 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Reason A:** Country of residence does not issue TINs to tax residents

**Reason B:** Individual has not been issued with a TIN

**Reason C:** Country of residence does not require the TIN to be disclosed

### E. Nominated Bank Account Details

Please provide new details of the account into which you would like distributions to be paid. By providing your nominated bank account, you authorise the Trustee to use these details for all future transaction requests that you make including credits in relation to any withdrawal proceeds until notice is provided otherwise.

Account name

Name of financial institution

Branch address

BSB

Account number

### F. Change of Income Distribution Option

I would like to change my income distribution method to:

Reinvest distribution

Pay into my nominated bank account

### G. Other

Please provide details of change(s)

### H. Signatures (Compulsory)

By signing the below, you confirm that you are duly authorised to execute this instruction.

#### Authorised Signatory 1

Signature

Date (dd/mm/yyyy)

Surname

Given name(s)

- Capacity
- Investor
  - Director
  - Trustee
  - Under Power of Attorney

#### Authorised Signatory 2

Signature

Date (dd/mm/yyyy)

Surname

Given name(s)

- Capacity
- Investor
  - Director
  - Trustee

### Returning this form

Please returned completed and signed form to:



Surrey Australian Equities Fund  
 c/- Mainstream Fund Services  
 Level 1, 51-57 Pitt Street  
 Sydney NSW 2000  
 Australia



[info@surreyassetmanagement.com](mailto:info@surreyassetmanagement.com)

If you have a question regarding this Change of Details form, please contact us on +61 3 9691 5490 or via email at [info@surreyassetmanagement.com](mailto:info@surreyassetmanagement.com)