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.

Investor number							
Investor name							
Name of Fund(s) or investment you would like details changed (if applicable)							
1.							
2.							
3.							
Pease select what details you would like to change?							
Address and/or contact details (Complete Section B) Nominated bank account details (Complete Section E)							
Power of Attorney (Complete Section C) Income distribution option (Complete Section F)							
Tax Residency Status (Complete Section D) 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							
Suburb/town State Postcode Country							
New Pootel Address (if different from Posidential or Pusiness Address)							
New Postal Address (if different from Residential or Business Address) Unit no Street no Street name							
Suburb/town State Postcode Country							
New Contact Details							
Contact name							
Phone Mobile							
Email (This email address will be used for ALL correspondence)							



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C.	New or Cha	ange of Power of Attorno	ey						
	I/we have appointed / would like to appoint a new (please cross out as necessary) a Power of Attorney (POA) to act behalf.								
	If you have ar	If you have an existing appointed attorney, please provide an original certified copy of the POA.							
	If you do not h	nave an existing appointed P	OA, please c	ontact u	s via info@surreyasse	tmanagement.com			
	I/we would lik	ke to remove my/our appoir	nted Powero	f Attorn	ey: Name:				
		, , , , ,							
_	Change of	Tou Docidonou Status							
D.	Change of	Tax Residency Status							
Plea	se complete thi	is section if you have chan-	ged tax resid	ency st	atus.				
	I have becom	have become a tax residence of AUSTRALIA, effective date (dd/mm/yyyy)							
		Tax File Number (TFN)			TFN Exemption (if a	pplicable)			
	Investor 1								
	Investor 2								
					E'll Ni ari ar (TENI) a				
		st the law if you choose not ecide not to, tax may be dec					n. However, please note that (plus Medicare levy).		
	I am no longer a tax resident of AUSTRALIA, effective date (dd/mm/yyyy)								
_	_	e Tax Identification Number							
	•	Country	. , .	Touldou	atification Number (TI	(NI)	If no TIN list record A. D. and		
	Investor 1	Country		rax idei	ntification Number (TI	IN)	If no TIN, list reason A, B or C		
	Investor 2								
				Re	eason A: Country of re	sidence does not iss	ue 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								
				Ne	eason C. Country of re	siderice does not rec	quire the This to be disclosed		
E.	Nominated B	Bank Account Details							
			hich you wou	ld like d	listributions to be paid	The details provid	ed must be in the name of the		
inve	stor/investmen	it entity. By providing your r	nominated ba	nk acco	unt, you authorise the	Trustee to use these	e details for all future transactior		
requ	ests that you ma	ake, including credits in relati	on to any with	ndrawal	proceeds until notice is	s provided otherwise			
Acco	ount name								
Nam	e of financial in	nstitution							
Bran	nch address								
BSB			Account n	umber					
F.	Change of I	Income Distribution Opt	ion						
1					Daimant Parcel				
I WO	uid like to chan	ge my income distibution m	ietnod to:		Reinvest distributi				
					Pay into my nomii	nated 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	o execute this instruction.							
Authorised Signatory 1	Authorised Signatory 2							
Signature	Signature							
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)							
Date (domining)								
Surname	Surname							
Given name(s)	Given name(s)							
Capacity Investor	Capacity Investor							
Director Trustee	☐ Director ☐ Trustee							
Under Power of Attorney								
_								
Returning this form								
Please returned completed and signed form to:	Surrey Australian Equities Fund c/- Apex Fund Services							
	GPO Box 4698							
	Sydney NSW 2000 Australia							
\succeq	info@surreyassetmanagement.com							
If you have a question regarding this Change of Details form, please contact us via email at info@surreyassetmanagement.com								