

Change of Details Form

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS FORM



Issued by Copia Investment Partners Limited (ABN 22 092 872 056, AFSL 229316), referred to as Copia in this Form.

Return forms to:

copia.transactions@boardroomlimited.com.au, OR

Copia Investment Partners
GPO Box 3993
Sydney NSW 2001

Contact details

If you have any questions regarding this form please contact our Client Services team:

P: 1800 442 129 or P: 03 9602 3199
E: clientservices@copiapartners.com.au

1 Investment details

Existing account name

Existing account number

- Change of investor/s details - Complete sections 2 and 8.
- Provide TFN or tax exemption information - Complete sections 3 and 8.
- Change of distribution details - Complete sections 4 and 8.
- Change of bank account details - Complete sections 5 and 8.
- Change of financial adviser - Complete sections 6 and 8.
- Change of investment name - Complete sections 7 and 8 and attach supporting documentation.

2 Change of investor details

Investor 1

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms)

ABN

Residential address (cannot be a PO Box)

C/- (if applicable)

Street name and number

Suburb

State

Post code

Country

If your country of residence is not Australia, please ensure that you also complete section 3.

2 Change of investor details (continued)

Postal address

Tick if the same as residential address on page 1. This will be the address all correspondence regarding your investment will be mailed to.

| | | | |
|------------------------|----------------------|-----------|----------------------|
| Street name and number | <input type="text"/> | | |
| Suburb | <input type="text"/> | State | <input type="text"/> |
| | | Post code | <input type="text"/> |
| Country | <input type="text"/> | | |

Contact details

| | | | | | |
|------------------|----------------------|----------------------|------------------|----------------------|----------------------|
| Telephone (home) | <input type="text"/> | <input type="text"/> | Telephone (work) | <input type="text"/> | <input type="text"/> |
| Mobile | <input type="text"/> | | | | |
| Email address | <input type="text"/> | | | | |

Principal place of business of Sole Trader (cannot be a PO Box)

| | | | |
|------------------------|----------------------|-----------|----------------------|
| C/- (if applicable) | <input type="text"/> | | |
| Street name and number | <input type="text"/> | | |
| Suburb | <input type="text"/> | State | <input type="text"/> |
| | | Post code | <input type="text"/> |
| Country | <input type="text"/> | | |

Investor 2

| | | | |
|--------------------|----------------------|------------------------|----------------------|
| Surname | <input type="text"/> | | |
| Full given name(s) | <input type="text"/> | Title (Mr/Mrs/Miss/Ms) | <input type="text"/> |

Residential address (cannot be a PO Box)

| | | | |
|------------------------|----------------------|-----------|----------------------|
| C/- (if applicable) | <input type="text"/> | | |
| Street name and number | <input type="text"/> | | |
| Suburb | <input type="text"/> | State | <input type="text"/> |
| | | Post code | <input type="text"/> |
| Country | <input type="text"/> | | |

If your country of residence is not Australia, please ensure that you also complete section 3.

Contact details

| | | | | | |
|------------------|----------------------|----------------------|------------------|----------------------|----------------------|
| Telephone (home) | <input type="text"/> | <input type="text"/> | Telephone (work) | <input type="text"/> | <input type="text"/> |
| Mobile | <input type="text"/> | | | | |
| Email address | <input type="text"/> | | | | |

3 Tax information

Please note that it is not against the law if you choose not to give your TFN or exemption, but if you do not, tax may be taken out of your distributions at the highest marginal tax rate (plus Medicare levy).

Investor 1/sole trader/company/trust/super fund

| | |
|---------------|----------------------|
| ACN | <input type="text"/> |
| TFN | <input type="text"/> |
| Tax exemption | <input type="text"/> |

Investor 2 (for joint investors)

| | |
|---------------|----------------------|
| TFN | <input type="text"/> |
| Tax exemption | <input type="text"/> |

Non residents

If you are an overseas investor, please indicate your country of residence for tax purposes.

| | |
|---------|----------------------|
| Country | <input type="text"/> |
|---------|----------------------|

4 Change of distribution details

Please indicate (X) how you would like your income distributions to be paid by crossing one box only. A nomination here overrides any previous nominations. Please refer to the relevant Product Disclosure Statement regarding distribution payments and frequency.

If you select cash payment, distribution payments will be credited to the bank account held on file. To update your bank account details, complete section 5 of this form.

| Fund Name | Distribution Options (Select (X) one per Fund) | |
|-----------|---|--------------|
| | Reinvest | Cash Payment |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

5 Change of bank account (must be an Australian financial institution)

Complete this section if you wish to change your bank account details to which we pay withdrawals and/or distributions (if requested). To change bank account details, we must receive the original, signed request and will not accept new bank account details via fax, telephone or email. Providing your new account details in this section overrides any previous bank account details provided. Any account nominated must be an accessible account with an Australian financial institution and must be in the name of the investor.

| | | | |
|-----------------------|----------------------|----------------------|-------------------------------------|
| Financial institution | <input type="text"/> | | |
| Branch | <input type="text"/> | | |
| Account name | <input type="text"/> | | |
| Branch number (BSB) | <input type="text"/> | <input type="text"/> | Account number <input type="text"/> |

I/we request Boardroom Pty Ltd (ABN 14 003 209 836, APCA No. 537820) as the funds administrator appointed by Copia Investment Partners Limited (ABN 22 092 872 056) (collectively referred to as 'Copia'), until further written notice is given Copia, to debit my/our account described on the previous page, any amounts which Copia may direct debit or charge me/us through the Bulk Electronic Clearing System. I/we understand and acknowledge that:

1. St George Bank, a Division of Westpac Banking Corporation (ABN 33 007 457 141) ('Bank'), who provides the bank accounts for the Copia managed investment schemes may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate, and at any time by notice in writing to me/us, terminate the request as to future debits.
2. Copia may, by prior arrangement and notice to me/us, vary the amount or frequency of future debits.
3. The Bank may, by prior arrangement and notice to me/us, vary the amount or frequency of future debits.
4. The Bank will provide to me/us upon request general descriptive information of the kind referred to in Chapter 11 of the Banking Code of Practice, concerning the operation of accounts, banking facilities and cheques.
5. The information which I/we have provided on this form is accurate and not misleading and I am/we are aware that Copia is relying on it.
6. This direct debit arrangement is governed by the terms of the Bulk Electronic Clearing System Procedures and the Direct Debit Request Service Agreement (available on our website) which I/we have read and agreed to.
7. Should the Bank charge any fees/charges related to this direct debit authorisation (including a withdrawal or dishonour fee), I/will be responsible for such fees/charges.

Bank account signatory 1

| | |
|---------------|----------------------|
| Signature | <input type="text"/> |
| Date | <input type="text"/> |
| Surname | <input type="text"/> |
| Given name(s) | <input type="text"/> |

Bank account signatory 2

| | |
|---------------|----------------------|
| Signature | <input type="text"/> |
| Date | <input type="text"/> |
| Surname | <input type="text"/> |
| Given name(s) | <input type="text"/> |

6 Change of adviser

| | | | | | |
|------------------------|--|-----------------------|----------------------|-----------|----------------------|
| Adviser number | <input type="text"/> | | | | |
| Adviser/office name | <input type="text"/> | | | | |
| Adviser surname | <input type="text"/> | | | | |
| Adviser given name(s) | <input type="text"/> | | | | |
| Title (Mr/Mrs/Miss/Ms) | <input type="text"/> | Phone (business hours | <input type="text"/> | | |
| Adviser Group | <input type="text"/> | | | | |
| Adviser ASFL | <input type="text"/> | | | | |
| Street name and number | <input type="text"/> | | | | |
| Suburb | <input type="text"/> | State | <input type="text"/> | Post code | <input type="text"/> |
| Country | <input type="text"/> | | | | |
| | <input type="text" value="ADVISER DETAILS"/> | | | | |

7 Change of investment name

Change of investment name for a company, superannuation fund or trust

- Company – attach an original certified copy of the Change of Name Certificate.
- Superannuation fund – attach an original certified copy of the Superannuation Fund Trust Deed indicating the change of name.
- Trust – attach an original certified copy of the Trust Deed indicating the change of name.

Company, superannuation name or trust name

Account reference (if applicable)

Note: if the change results in a change of beneficial or legal ownership of the investment, we require the following:

- Completed Standard Transfer Form (STF) stamped at the NSW Office of State Revenue.
- New application form from a current Product Disclosure Statement available on our website.

Change in name due to marriage/divorce/deed poll

- Complete this section with your updated details (name and signature) which we will keep on file once your request has been processed.
- Attach an original certified copy of the relevant documentation (for example, original certified copy of marriage certificate or deed poll certificate).
- When you complete section 8, provide the previous signature that we have on file.

New name

New signature

8 Signature(s)

This form must be signed in accordance with the current signing instructions on file. Where signing under Power of Attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the Power of Attorney, including the appointed Power of Attorney's signature, must be lodged with this form if it has not previously been supplied.

Investor 1

Signature

Date

Surname

Given name(s)

Capacity Sole Director

Director

(Important: Companies and corporate trustees must cross here)

FOR COMPANY
INVESTMENTS ONLY

Investor 2

Signature

Date

Surname

Given name(s)

Capacity Sole Director

Director

(Important: Companies and corporate trustees must cross here)

The personal information we collect on this form will be used to update your personal information and/or process your request. This information may be disclosed to Copia Investment Partners and its related bodies corporate, service providers who do things on our behalf (e.g. mailing house) or to other third parties where it is required or allowed by law or where you have otherwise consented. You can access the personal information we have collected, if we have retained it, by contacting us by phone, email or via our website (copiapartners.com.au).

Copia Investment Partners Limited (ABN 22 092 872 056, AFSL 229316).