

CHANGE OF BANK DETAILS REQUEST

Fund Name:			
1. Investor Details			
Investor Name:			
Investor Number:			
Contact Details			
Contact name:		Contact phone:	
Contact email:			
2. New Bank Accou	nt Details		
Bank			
Branch Name			
BSB	Ассон	unt Number	
Account Name			
acknowledge that an privacy policy, a copy or LFS registry@linkg	y personal information I/we provide to of which can be found at www.linkfunds	LFS will be collected and hand olutions.com or posted / emaile ny other paperwork relating to	ompleted instructions set out above. I/we led in accordance with Link Fund Solutions' ed to us if we contact LFS on +612 9547 4311 my/our investment I/we consent to my/our policy.
Signature		Signature	
Print Name		Print Name	
Title (circle)	Individual / Sole Director/ Director/ Trustee	Title (circle)	Individual / Sole Director/ Director/ Trustee
Date		Date	
Please note it's up to the investor to ensure Link Fund Solutions have been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there maybe delays in processing of this request.			

4. Completed Form

Please return the completed form to:

- scan and email this request to LFS_registry@linkgroup.com or
- Please **post** this completed form to:
 - Link Fund Solutions
 - Attention: Unitholder Services
 - GPO Box 5482
 - Sydney NSW 2001

If you have any questions about this form please contact us on +612 9547 4311 or LFS_registry@linkgroup.com.