

CHANGE OF CONTACT DETAILS REQUEST

Fund Name:			
1. Investor Details			
Investor Name:			
Ĺ			
Investor Number:			
Contact Details			
Contact name:		Contact phone:	
Contact email:			
2. New Address			
Please update my Tick one of the boxes Street	C residential C post s above and fill in your new address. Pleas		ial and postal address as follows: eptable as residential address.
Suburb			State
Country			Post Code
3. New Email Addre	SS		
Select One:	\bigcirc Replace Existing Email Add	ress C Add En	nail Address
Email			
information I/we provide www.linkfundsolutions.co	e to LFS will be collected and handled in acc om or posted / emailed to us if we contact LF	ordance with Link Fund Solution S on +612 8767 1114. By submitt	set out above. I/we acknowledge that any personal s' privacy policy, a copy of which can be found at ing this form or any cted and handled by the unit registry in accordance
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 signature to the initial approximation of the second	investor to ensure Link Fund Solutions have be oplication form or signatory list provided there	een notified of authorised signato maybe delays in processing of th	ries on this account. Where we cannot match the is request.
5. Completed Form			
Please return the com	-		
• scan and fax this request to (02) 9221 1194 or			
	t this completed form to: Link Fund Solutions		1. 1. 1. 1. 1. 1. T.
			1. 2. 2. 2. 2. 2. C.
	Attention: Unitholder Services		34646
	Locked Bag 5038 Parramatta NSW 2124		1. 1. 1. 1. 1. 1. 1. 1. 1.
	ranamatta NSW 2124	(09) 9767 1114	1. 1. 1 1. 2 1 1 1