

Advance Alliance Investment Funds Advance Investment Funds

Account Amendment

Advance Asset Management Limited ABN 98 002 538 329 AFSL 240902

GUIDE TO COMPLETING THIS FORM

- > Complete this form using **black pen** – print in clear **CAPITAL LETTERS**.
- > Once completed, follow the instructions on the back page to return your form to Advance.
- > Questions? Call our Customer Relations team on **1800 819 935** or email **investorservices@advance.com.au**.

Please note that you can change your contact details and lodge your Tax File Number on Investor Online if you have an Investor Online password. See advance.com.au for log-in instructions.

PLEASE NOTE THIS FORM CANNOT BE FAXED OR EMAILED.

1. INVESTOR DETAILS

Investor Number

C

Investor A – Individuals, Joint investors or Trustees

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Home phone number

Mobile phone number

Work phone number

Fax number

Investor B – Joint Investors or Trustees

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Home phone number

Mobile phone number

Work phone number

Fax number

Companies, Associations or other Investors

Full name of company, association or other investor

ABN (if applicable)

Account reference

Where account is held on behalf of others

2. NEW CONTACT DETAILS

Complete this Section to change contact details.

This change will be applied to all investments under this investor number.

Residential address or Principal place of business if a company

	State	Postcode
Country, if not Australia		

Postal address (if different from above)

	State	Postcode
Country, if not Australia		

Email address*

* In the future, we may elect to email correspondence to you.



3. CHANGE OF RESIDENCY DETAILS

Applicant 1

Cross X	Select ONE valid option from this section
<input type="checkbox"/>	I'm an Australian resident for tax purposes ➤ Please also provide your Tax File Number by completing Section 8

OR

<input type="checkbox"/>	I'm a resident of (Country of residence)
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Applicant 2

Cross X	Select ONE valid option from this section
<input type="checkbox"/>	I'm an Australian resident for tax purposes ➤ Please also provide your Tax File Number by completing Section 8

OR

<input type="checkbox"/>	I'm a resident of (Country of residence)
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4. CHANGE OF NAME

Complete this Section for a change of name.

Include an original certified copy of your marriage certificate or Deed Poll as evidence of your change of name.

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Old signature

Date (dd/mm/yyyy)

New signature

Date (dd/mm/yyyy)

5. NEW ACCOUNT SIGNING AUTHORITY

Joint (non corporate) investors only – complete this Section to change the account signing authority for future transactions and cheques.

Note: if no option is nominated, future transactions will require both investors to sign.

Cross X	Select ONE valid option from this section	
<input type="checkbox"/>	Investor A and B	<input type="checkbox"/> Investor A only
<input type="checkbox"/>	Either Investor A or B	<input type="checkbox"/> Investor B only

6. DISTRIBUTION OPTION

Complete this section to change your distribution option. This will apply to all Funds unless special instructions are supplied in an attached signed schedule.

Cross X	Select ONE valid option from this section
<input type="checkbox"/>	Reinvest (not applicable to the Advance Mortgage Fund)
<input type="checkbox"/>	Pay to bank account in Section 7
<input type="checkbox"/>	Post a cheque (overseas investors only)

7. NEW BANK ACCOUNT DETAILS

Complete this section to change your bank account details.



BANK ACCOUNTS MUST BE IN THE NAME(S) OF THE INVESTOR(S).

Name of Australian financial institution

Branch name

BSB number

Account number

Account holder's name(s)

Please apply these bank account details for:

Cross X	Select the relevant box(es)
<input type="checkbox"/>	Distributions and/or Regular Withdrawal Plan payments
<input type="checkbox"/>	Withdrawals
<input type="checkbox"/>	Direct debits including the Regular Savings Plan. Ensure all bank account signatories sign below.



Direct Debit Authority

By signing this Direct debit request, I/we authorise Advance Asset Management Limited ABN 98 002 538 329 (User ID 137244 ID:055389) to, until further notice, arrange for funds to be debited from the account at the financial institution identified above through the Bulk Electronic Clearing System. I/We acknowledge this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement found at advance.com.au.

Where the investor is not the nominated bank account holder:

I/We consent to the investor(s) increasing amounts or making additional investments without further approval from me/us.

If you **don't** agree with this declaration, please cross [**X**] the box.

In the case of company signatories, two directors, or a director and a company secretary, must sign unless a sole director and sole secretary.

Signature of Account Holder A or company officer

Date (dd/mm/yyyy)

Signatory's full name (please print)

Company signatories must indicate their company title.

Director Sole Director and Sole Secretary

Signature of Account Holder B or company officer

Date (dd/mm/yyyy)

Signatory's full name (please print)

Company signatories must indicate their company title.

Director Company Secretary

8. TAX FILE NUMBER, AUSTRALIAN BUSINESS NUMBER

Collection of Tax File Number (TFN) information is authorised and its use and disclosure are strictly regulated by tax laws and the *Privacy Act*.

Investors must only provide an Australian Business Number (ABN) instead of a TFN when the investment is made in the furtherance of an enterprise.

You're not obliged to provide either your TFN or ABN, but if you don't provide either, or claim an exemption, we're required to deduct tax from your distribution at the highest marginal rate (plus Medicare Levy) to meet Australian Taxation Office requirements.

TFN of Investor A

TFN of Investor B

ABN

Or reason for exemption

Non-resident* Charity Other

*Non-residents please specify country of residence.

9. MONTHLY ADVISER REMUNERATION AND COMMISSION

Specify the monthly remuneration your financial adviser will receive for servicing your Account.

Cross X	Select ONE valid option from this section
<input type="checkbox"/>	No monthly adviser remuneration
<input type="checkbox"/>	Flat percentage of <input type="text"/> % (ex GST) per month

OR

<input type="checkbox"/>	Flat dollar remuneration of \$ <input type="text"/> (ex GST) per month
Nominated contribution (or entry) fee	

From 1 July 2013, for Retail Investors only, the Adviser Remuneration Fee can only be a flat dollar remuneration if borrowed monies have been invested. It is your responsibility to ensure the correct box is checked. Please speak to your Adviser if you have any queries.

Nominated ongoing commission

(Note: not applicable to wholesale investment suite)

Cross X	Select ONE valid option from this section
<input type="checkbox"/>	Standard Trail

OR

<input type="checkbox"/>	Ongoing trail rebate (100% represents 100% rebate of Standard Trail)	<input type="text"/> %
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You and your financial adviser may agree to rebate to you all or part of the upfront commission. Any rebate will be credited to your nominated bank account or reinvested into your account as additional units and constitutes taxable income.



10. INVESTOR'S DECLARATION AND SIGNATURE

! YOUR REQUEST CANNOT PROCEED IF THIS SECTION IS NOT SIGNED WITH POSITIONS INDICATED IF A COMPANY ACCOUNT

Signature of Investor A, Director or Sole Trader

Date (dd/mm/yyyy)

Signatory's full name (please print)

Position (companies only)

Director Sole Director and Sole Secretary

Clubs/associations/unincorporated bodies (indicate office title)

Signature of Investor B, Director or Sole Trader

Date (dd/mm/yyyy)

Signatory's full name (please print)

Position (companies only)

Director Company Secretary

Clubs/associations/unincorporated bodies (indicate office title)

11. ADVISER USE ONLY

Adviser Number

A

Home phone number

Mobile phone number

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Signature of adviser

Date (dd/mm/yyyy)

SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management
GPO Box B87
Perth WA 6838

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935
FAX
02 9274 5211

EMAIL ADDRESS
investorservices@advance.com.au
INTERNET ADDRESS
advance.com.au

ADVANCE
ASSET MANAGEMENT



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