

# Change of Details Form

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS FORM



## Contact details

Mail your completed form to:

Impax Sustainable Leaders Fund

GPO Box 3993

Sydney NSW 2001 (no stamp required)

If you have any questions regarding this form, please contact our Investor Services Team on 1300 721 637.

## 1 Investor details

Existing account name	<input type="text"/>
Existing account number	<input type="text"/>
<input type="checkbox"/>	Change of investor/s details - Complete <b>sections 2 and 8</b> .
<input type="checkbox"/>	Provide TFN or tax exemption information - Complete <b>sections 3 and 8</b> .
<input type="checkbox"/>	Change of distribution details - Complete <b>sections 4 and 8</b> .
<input type="checkbox"/>	Change of bank account details - Complete <b>sections 5 and 8</b> .
<input type="checkbox"/>	Change of financial adviser - Complete <b>sections 6 and 8</b> .
<input type="checkbox"/>	Change of investment name - Complete <b>sections 7 and 8</b> and attach supporting documentation.

## 2 Change of investor details

<b>Investor 1</b>			
Surname	<input type="text"/>		
Full given name(s)	<input type="text"/>	Title (Mr/Mrs/Miss/Ms)	<input type="text"/>
ABN	<input type="text"/>		
<b>Residential address (cannot be a PO Box)</b>			
C/- (if applicable)	<input type="text"/>		
Street name and number	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text"/>		
If your country of residence is not Australia, please ensure that you also complete <b>section 3</b> .			

## 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

Suburb  State  Postcode

Country

### Contact details

Telephone (home)   Telephone (work)

Mobile

Email address

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

C/- (if applicable)

Street name and number

Suburb  State  Postcode

Country

### Investor 2

Surname

Full given name(s)

### Residential address (cannot be a PO Box)

C/- (if applicable)

Street name and number

Suburb  State  Postcode

Country

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

### Contact details

Telephone (home)   Telephone (work)

Mobile

Email address

### 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

TFN

Tax exemption

#### Investor 2 (for joint investors)

TFN

Tax exemption

#### Non residents

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

Country

### 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

Please reinvest my/our income distributions into the fund(s).

Please credit my/our account previously nominated or account provided in **section 5** below with my/our income distributions.

## 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.

If you have a Regular Savings Plan, and wish to change the bank account that we debit your payments from, please complete an Additional Investment Form.

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

I/We request Equity Trustees Limited ABN 46 004 031 298 AFSL 240975 (Equity Trustees), until further written notice is given to Equity Trustees from me/us, to debit my/our account described on the previous page, any amounts which Equity Trustees may direct debit or charge me/us through the Bulk Electronic Clearing System. I/We understand and acknowledge that:

1. the bank/financial institution 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 this request as to future debits.
2. Equity Trustees may, by prior arrangement and notice to me/us, vary the amount or frequency of future debits;
3. the bank/financial institution will provide to me/us upon request general descriptive information of the kind referred to in sections 13.1 and 13.2 of the Code of Banking Practice, concerning the operation of accounts, banking facilities and cheques;
4. the information which I/we have provided on this form is accurate and not misleading and I am/we are aware that Equity Trustees is relying on it;
5. 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; and
6. should the bank/financial institution charge any fees/charges related to this direct debit authorisation (including a withdrawal or dishonour fee), I/we will be responsible for such fees/charges.

### Bank account signatory 1

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

## 6 Change of financial 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"/>	Postcode	<input type="text"/>
Country	<input type="text"/>				

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 [fidante.com](http://fidante.com)

### 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)

### Investor 2

Signature

Date

Surname

Given name(s)

Capacity  Sole Director

Director  
(Important: Companies and corporate trustees must cross here)

FOR COMPANY  
INVESTMENTS ONLY