

# Realm Investment House

## Change of Details



### Investment Details

Fund Name

Investor Number

Investor Name

Contact number

### Details To Be Changed

- Contact Details       Communication Preference       Bank Account Details  
 Distribution Method       Financial Adviser       TFN/ABN       Third Party Authority

### New Contact Details

- Postal Only       Residential Only       Postal & Residential       Online Only

Street number and name

Suburb

State

Postcode

Country

Email

Mobile

Phone number (home)

Phone number (business)

### Communication Preference

We will periodically send transaction confirmations, statements and other material. Please indicate your preference for receiving these communications below:

- Email       Mail

### New Bank Account Details

The following account is to be used for all future payments relating to:

- Distributions Only       Redemptions Only       Distributions and redemptions

Account name

BSB Number

Account Number

Name of Financial Institution

Please attach a copy of your bank statement so that we can verify the details provided above.

### New Distribution Preference Details

- Pay into bank account       Reinvest

If payment is to be made into a new bank account, please complete the **New bank account details** section of this form and attach a copy of your bank statement to verify the details provided

### New Financial Adviser Details

Adviser Name

Street number and name

Suburb

State

Postcode

Country

Phone number

Email address

Dealer group

### New TFN/ABN Details

TFN

ABN

### Third Party Authority

The following third party will be given access your investment upon request.

Name of third party

Contact person (if applicable)

Street number and name (or PO Box)

Suburb

State

Post Code

Email address

Phone number

### Declaration and Signature

- Please sign this form below. This form must be signed as per the current signing instructions that we have on record.
- If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please include a certified copy of the power of attorney, if it has not been previously provided, to Boardroom Pty Ltd.

#### Signature 1

Name

Title

Signature

Date

#### Signature 2

Name

Title

Signature

Date

Please return completed forms to Boardroom Unit Registry via mail, fax or email.

**Mail:** Boardroom – Unit Registry  
GPO Box 3993, Sydney NSW 2001

**Email:** [realm@boardroomlimited.com.au](mailto:realm@boardroomlimited.com.au)  
**Fax:** +61 9475 0152

If you require further assistance, please do not hesitate to contact Boardroom on 1300 737 760 or via email: [realm@boardroomlimited.com.au](mailto:realm@boardroomlimited.com.au)