## Realm Investment House Change of Details



Investment Details					
Fund Name					
Investor Number					
Details To Be Changed					
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 A	ABN				
Third Party Authority					
The following third party will be given access your investm	nent upo	n request.			
Name of third party	Contact person (if applicable)				
Name of time party	Contact person (if applicable)				
Street number and name (or PO Box)					
Suburb	S	tate		Post Code	
Email address	Phone number				
Declaration and Signature					
<ul> <li>Please sign this form below. This form must be signed have on record.</li> </ul>	ned as pe	r the curren	it signing instruc	tions that we	
• If signed under power of attorney, the attorney cert					
revocation of the power of attorney. Please include a certified copy of the power of attorney, if it has not been previously provided, to Mainstream Fund Services Pty Ltd.					
		-			
-	Signature 2				
Name I	Name				
Title					
	Tide				
Signature S	Signature				
Date [	Date				

Please return completed forms to Mainstream Fund Services via mail, fax or email.

Mail: Mainstream Fund Services – Unit Registry Email: registry@mainstreamgroup.com

GPO Box 4968, Sydney NSW 2001 Fax: +61 9251 3525

If you require further assistance, please do not hesitate to contact Mainstream Fund Services on 1300 133 451 or via email <a href="mainstreamgroup.com">registry@mainstreamgroup.com</a>.