

Investor 2

Residential address (not a PO Box) Same as **Investor 1**

Title Mr Mrs Ms Miss Dr Other

Surname (or company/
partnership/superannuation
fund/trust/estate)

Given name

Unit Street number P.O. Box

Street name

Suburb State

Postcode Country (if not Australia)

Phone (after hours) -- Phone (business hours) --

Mobile phone -- Facsimile --

Email

Preferred contact method Phone Email

Mailing address for account

Same as **Investor 1** residential address **OR** Same as **Investor 2** residential address

Otherwise complete updated mailing address details below:

Unit Street number P.O. Box

Street name

Suburb State

Postcode Country (if not Australia)

Step 3 Change of your income distribution arrangement

How would you like your distributions to be paid? Reinvested
 Credited to my bank account

(complete your bank/financial institution account details in section 4)

Please refer to the relevant product disclosure statement (PDS) regarding distribution payment methods.

The latest PDSs are available from the internet at australianunity.com.au

Alternatively please contact us on **13 29 39** and we can mail a PDS to you.

Step 4 Change of your bank details

Please use my/our nominated bank account below for:

Regular savings plan - direct debit from bank account Distributions - credited to bank account Regular payments - credited to bank account

Name of Australian
financial institution

Branch name

Name of bank
account holder(s)

Branch number (BSB) - Account number

Note: Your bank account must be an Australian bank/financial institution.

You must be named on the bank account for a payment to be made into that account.

Step 5 Change of your account name

Individuals

Attach an original certified copy of either your marriage certificate or deed poll as evidence of your name change.

If you wish to transfer ownership of the account to another person, you will need to complete a transfer form (available from australianunity.com.au) and the new account holder should complete a new application form (available with the current PDS).

Partnership/Company

If you are changing your partnership/company name, attached a certified original copy of the Deed of Amendment, Certificate of Incorporation or Change of Name.

Investor 1 or partnership/company - existing account name

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
Surname/or company/ partnership name	<input type="text"/>						
Given name(s)	<input type="text"/>						

Investor 1 or partnership/company - new account name

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
Surname/or company/ partnership name	<input type="text"/>						
Given name(s)	<input type="text"/>						

Investor 2 - existing account name

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
Surname/or company/ partnership name	<input type="text"/>						
Given name(s)	<input type="text"/>						

Investor 2 - new account name

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
Surname/or company/ partnership name	<input type="text"/>						
Given name(s)	<input type="text"/>						

Anti-Money Laundering

Anti-Money Laundering legislation has been introduced to help combat money-laundering and financing terrorism.

As part of our ongoing compliance obligations, we may request additional information to verify identity of account holders.

Step 6 Declaration and signatures

I/We agree and acknowledge that:

- all details in this form are true and correct
- My/our personal information will be collected, used and disclosed by Australian Unity in accordance with its Privacy Policy and in accordance with the law.

Entity Declaration (to be completed by an authorised representative of the entity, such as a Director or Trustee).

Investor 1 Signature

Print name

Date //

Capacity Individual Joint Director Partner
 Trustee Other

Investor 2 Signature

Print name

Date //

Capacity Individual Joint Director Partner
 Trustee Other



Please send this form to:

Australian Unity
Reply Paid 64466
South Melbourne VIC 3205
(no stamp required if mailed in Australia)

OR

Forward this form to your financial adviser

Contact us

- Australian Unity
114 Albert Road, South Melbourne VIC 3205
- australianunity.com.au

Investor Services

- investments@australianunity.com.au
- 13 29 39
- 03 8682 5057

Adviser Services

- investments@australianunity.com.au
- 1800 649 033
- 03 8682 5057