

Change of Financial Adviser Form

Please complete this form if you have changed your financial adviser, wish to add a new financial adviser or remove your current financial adviser from your account.

NOTE: Change of detail requests can also be lodged online via the Investor Portal <https://investor.automic.com.au/#/home>.

Please return completed form to:
Ellerston Capital Limited Unit Registry
C/O Automic Group
GPO Box 5193, Sydney NSW 2001
Telephone: 1300 101 595
Email: ellerstonfunds@automicgroup.com.au

Investor Details

Investor number

Registered investor name(s)

Telephone number (business hours)

A. Current financial adviser details

Name of current financial adviser

Company or organisation name

Postal address

Postcode

Dealer group

Delete the financial adviser indicated above and do not replace with another adviser. Please go to section C.

Delete and replace with the financial adviser details in Section B.

B. New financial adviser details

Please give your consent, by ticking the appropriate box below, for us to provide your financial adviser with access to information about your investments and authorise them to make enquiries on your behalf.

I wish my financial adviser to receive information about my investments. By entering my financial adviser details below I acknowledge and agree that they will have online access to information about my investment and may receive copies of my statements by email or post.

Name of new financial adviser

Dealer group

AFSL number (if known)

AFSL number (if known)

Practice office name

Registered address

Registered address

Postcode

Business number (include area code)

Postcode

Business number (include area code)

Fax number

Fax number

Mobile number

Mobile number

Email address

Email address

D. Declaration and signature

By signing this form, I/we:

- declare that I/we have read and understood and agree to be bound by the terms and conditions of the current PDS, Additional Information Booklet, Information Memorandum and Application Form for the relevant fund(s);
- declare that all details previously disclosed and provided in this Change of Financial Adviser Form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- (if signing under a power of attorney) declare that I/we have not received notice of revocation of that power;
- authorise Ellerston Capital Limited (Ellerston) to act upon instructions by post or facsimile (as applicable) with regard to the units in fund(s) subscribed for (and any further units acquired) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done in accordance with such instructions and notwithstanding the same was not signed or sent by me/us. I/We agree that this authorisation shall remain in force until notice in writing of its termination is received by Ellerston;
- acknowledge that investments in the fund(s) are subject to investment risk, including possible delays in repayment and loss of income or principal invested;
- acknowledge all personal information is collected in line with Ellerston's Privacy Statement, a copy of which is available at www.ellerstoncapital.com.

Investor type	Who should sign
Individual	where the investment is in one name, the investor must sign.
Joint investors	where the investment is in more than one name, all investors must sign or unless otherwise authorised.
Company	two directors or a director and a company secretary, unless you are a sole director and sole company secretary or an authorised signatory previously noted by the registry.
Trust	each trustee must sign unless otherwise authorised or, if a corporate trustee, then as for a company.
Partnership	each partner.
Association or Registered co-operative	each office bearer.
Government body	relevant principal officer/authorised signatory.
Power of attorney	if signed under a power of attorney, the power of attorney must have been previously noted by the registry.

Signature 1

Signature 2

Name

Name

Date

Date

Title

Title

Investor 1 (individual) Secretary
 Sole director & secretary Non-corporate trustee
 Partner Director
 Other office bearer or attorney (please specify):

Investor 2 (individual) Secretary
 Sole director & secretary Non-corporate trustee
 Partner Director
 Other office bearer or attorney (please specify):

Once completed, please send this form to:

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 C/O Automic Group
 GPO Box 5193, Sydney NSW 2001
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