

Change of Details form FIIG Australian Bond Fund

FIIG Managed Funds investors

This change of details form should be used to update any of your personal information in relation to your investment in the FIIG Australian Bond Fund ('Fund'). It is to be read in conjunction with the Product Disclosure Statement for the Fund current at the date of signing this form and available on our website or by contacting us.

Interests in the FIIG Australian Bond Fund are issued by Equity Trustees Limited (ABN 46 004 031 298, Australian Financial Services Licence ("AFSL") No. 240975) in its capacity as the Responsible Entity of the Fund. FIIG Securities Limited is the Investment Manager and promoter of the Fund.

Please send your completed form to:
fiig@boardroomlimited.com.au

or **FIIG Securities Limited**
C/- Boardroom Pty Ltd GPO Box
3993, Sydney, NSW, 2001

Please complete this form using **BLOCK LETTERS** and **black ink**.

SECTION 1: INVESTOR DETAILS			
Investor number	Investor 1 name		
<input type="text"/>	<input type="text"/>		
Investor 2 name	Investor 3 name		
<input type="text"/>	<input type="text"/>		
Full name of company/partnership/trustee/other entity			
<input type="text"/>			
SECTION 2: CHANGE YOUR CONTACT DETAILS			
NEW CONTACT DETAILS			
Work phone	Home phone		
<input type="text"/>	<input type="text"/>		
Mobile phone	<input type="text"/>		
Email			
<input type="text"/>			
Address			
<input type="text"/>			
City	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SECTION 3: CHANGE DISTRIBUTION INCOME PAYMENTS			
PAYMENT OF INCOME			
To have your distribution income re-invested as additional units select 'Re-invest'. To have your distribution income paid into your bank account select 'Direct deposit'.			
Fund Name	Re-invest	Direct deposit	
FIIG Australian Bond Fund	<input type="checkbox"/>	OR	<input type="checkbox"/>

SECTION 4: CHANGE OR CONFIRM BANK ACCOUNT DETAILS (AUSTRALIAN BANK ACCOUNTS)

Fill in the details of the Australian bank or financial institution account where you would like withdrawals and income distributions (if selected) paid.

! PLEASE NOTE: A CERTIFIED COPY OF IDENTIFICATION (DRIVERS LICENCE OR PASSPORT) MUST BE SUBMITTED WITH THIS FORM WHEN UPDATING BANK ACCOUNT DETAILS.

Name of financial institution	Branch
<input type="text"/>	<input type="text"/>
BSB number	Account number
<input type="text"/>	<input type="text"/>
Account holder name*	Account holder 2 name (if joint account)*
<input type="text"/>	<input type="text"/>

*Please ensure that the bank account nominated is held in your name or in a joint account including your name.

SECTION 5: CHANGE OR CONFIRM BANK ACCOUNT DETAILS (AUSTRALIAN BANK ACCOUNTS)

Fill in the details of the foreign bank account where you would like withdrawals paid. Bank accounts outside of Australia cannot be used to pay distributions.

! PLEASE NOTE: A CERTIFIED COPY OF IDENTIFICATION (DRIVERS LICENCE OR PASSPORT) MUST BE SUBMITTED WITH THIS FORM WHEN UPDATING BANK ACCOUNT DETAILS.

Name of foreign bank	
<input type="text"/>	
Name of Australian correspondent bank	Swift code
<input type="text"/>	<input type="text"/>
Account name	
<input type="text"/>	
Account number (including Bank ID code)	
<input type="text"/>	

SECTION 6: CHANGE YOUR REGULAR INVESTMENT PLAN

Monthly regular investment (\$1,000 minimum)

Provide details of the Australian bank or credit union account from which you authorise us to debit on-going regular investor payments.

! PLEASE NOTE: A CERTIFIED COPY OF IDENTIFICATION (DRIVERS LICENCE OR PASSPORT) MUST BE SUBMITTED WITH THIS FORM WHEN UPDATING BANK ACCOUNT DETAILS.

Name of financial institution	Branch
<input type="text"/>	<input type="text"/>
BSB number	Account number
<input type="text"/>	<input type="text"/>
Account holder name*	Account holder 2 name (if joint account)*
<input type="text"/>	<input type="text"/>

*Please ensure that the bank account nominated is held in your name or in a joint account including your name.

SECTION 6: CHANGE YOUR REGULAR INVESTMENT PLAN

REGULAR MONTHLY INVESTMENT

Change the amount of your regular investor plan direct debits:

New amount: \$ OR Stop my regular investment plan direct debits (Please allow up to five working days for direct debits to stop).

SECTION 7: CHANGE OF COMMUNICATION PREFERENCE)

Please amend my existing communication preference to: Email Post

By providing my email and/or mobile number, I agree to be notified of and receive important disclosure documents and communications electronically (which may include via email, SMS, a link to a website, an application or other online channels).

SECTION 8: CHANGE OF NAME

Current name	Previous name
<input type="text"/>	<input type="text"/>

Current name	Previous name
<input type="text"/>	<input type="text"/>

Current name	Previous name
<input type="text"/>	<input type="text"/>

If you have changed your name you will need to complete this form and provide a certified copy of either a Marriage Certificate, Deed Poll or Change of Name Certificate from the Births, Deaths and Marriages Registration Office.

SECTION 9: IDENTIFICATION DOCUMENTS

When confirming or updating bank account details a certified copy of Identification (drivers licence or passport) must be submitted with this form. Please contact us for identification documents which can be provided as a substitute for drivers licences or passports.

WHO CAN CERTIFY YOUR ID?

- a permanent employee of Australia Post who has two or more years of continuous service
- an officer of a financial institution, such as a bank, who has two or more years of continuous service
- a legal practitioner (such as a solicitor) who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia
- a Justice of the Peace

Additional certification options are available. Please contact fiig@boardroomlimited.com.au or 02 8023 5469 for assistance.

SECTION 10: INVESTOR/S SIGNATURE/S



PLEASE NOTE WE ONLY ACCEPT DOCUSIGN ELECTRONIC SIGNATURES OR TRADITIONAL WET INK SIGNATURES ON FORMS.

Signature

**SIGN
HERE** 

Date (DD/MM/YYYY)

Signatory's full name (please print)

Signature

**SIGN
HERE** 

Date (DD/MM/YYYY)

Signatory's full name (please print)

Signature

**SIGN
HERE** 

Date (DD/MM/YYYY)

Signatory's full name (please print)

For joint investments all investors must sign.



PLEASE CONTACT FIG ON 02 8023 5469 IF YOU HAVE ANY QUESTIONS.