



## Perennial Trusts

# Change of Information Form

3 May 2016

Issued by Responsible Entity: Perennial Investment Management Limited ABN 13 108 747  
637 AFSL 275101 (PIML) Investment Manager: Perennial Value Management Limited  
ABN 22 090 879 904 AFSL 247293 (Perennial).

All words and phrases in this change of information form have the same meaning as given to them in the relevant product disclosure statement (PDS) and Additional Information Booklet (if applicable). Please provide your:

Investor Number

Account Name

### Step 1: Instruction

Depending on the type of change(s) you wish to make on your Perennial account, please tick ✓ the appropriate boxes and complete the relevant steps.

This is:

- a change of contact details for one or all investor(s). Please COMPLETE steps 2 and 6 (Appendix 1 for Change of Contact Person).
- a change of financial institution details for distribution instructions. Please COMPLETE steps 3 and 6.
- a change of income distribution method. Please COMPLETE steps 4 and 6.
- a change of financial adviser. Please COMPLETE steps 5 and 6.

## Step 2: Change of Contact Details

Complete this section if you are changing your address or telephone contact details.

For an individual investor COMPLETE section (a).

For joint investors COMPLETE sections (a) and (b).

For company or Trust investors COMPLETE section (c).

### (a) Investor 1

All notices and correspondence will be forwarded to the address of Investor 1.

Title (Dr/Mr/Mrs/Ms/Miss/Other)

Surname

Given Name(s)

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Mailing Address (if different from above)

Suburb/City

State

Postcode

Phone (after hours)

Phone (business hours)

Mobile

Fax

Email

### (b) Investor 2 (If applicable)

Title (Dr/Mr/Mrs/Ms/Miss/Other)

Surname

Given Name(s)

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Mailing Address (if different from above)

Suburb/City

State

Postcode

Phone (after hours)

Phone (business hours)

Mobile

Fax

Email

**(c) Name of Company/Entity** (If applicable)

Name of Company/Entity

Name of Trust (if applicable)

Contact Person (must be a signatory on the account)

Mailing Address

Suburb/City

State

Postcode

Phone (after hours)

Phone (business hours)

Mobile

Fax

Email

Date of Birth (dd/mm/yyyy)

**Step 3: Change of Financial Account Details**

Depending on the type of change you wish to make to your financial account details, please tick the applicable box and complete the details in this step.

This is:

a change of financial institution account details to which my distribution amounts are credited.

**OR**

a change of my distribution instruction to pay my distribution amounts to me by direct credit.

This account must be from an Australian bank, building society or credit union. If a payment is rejected by your financial institution, it will be taken as a direction to reinvest that income distribution and all future income distributions as additional units in the Trust from which the income was derived.

Name of Account

Financial Institution

Branch

BSB Number

Account Number

**Step 4: Change of Income Distribution Method to Reinvestment of Additional Units**

Please change my current instructions from direct deposit to reinvestment as additional units.

## Step 5: Change of Financial Adviser

Complete this section if you are changing your financial adviser.

We will only register a financial adviser who:

- holds a current Australian Financial Services Licence (AFSL); or
- is an authorised representative of an AFSL holder.

### Financial Adviser Details

Dealer Group

Licensee Name

Financial Adviser Name

Financial Adviser Number

AFSL

Perennial Adviser ID

If you are a new financial adviser to Perennial, please also complete the following details:

Business Name

Business Address

Suburb/City

State

Postcode

Mailing Address (if different from above)

Suburb/City

State

Postcode

Phone (after hours)

Phone (business hours)

Mobile

Fax

Email

### Declaration by Financial Adviser

In submitting this change of information form, I declare that:

I hold a current Australian Financial Services Licence (AFSL) OR I am a representative or an authorised representative to act on behalf of a holder of a current AFSL **OR** act on behalf of a holder of a current AFSL.

### Signatory

Print Name

Date of Birth (dd/mm/yyyy)

## Step 6: Investor Signature(s)

### Power of Attorney

If your Change of Information Form is signed under a Power of Attorney, please enclose a **certified copy** of the Power of Attorney with your form. If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power. Due to the Anti-Money Laundering/Counter-Terrorism Financing Act (Cth), proof of identity is required for all persons connected with an account.

Please refer to Appendix 1 for appropriate identity documents.

### For Company Investors

This application must be signed:

- by two Directors or a Director and Company Secretary; or
- by the Sole Director (where applicable); or
- under Common Seal.

#### Signatory 1

Title (if applicable)

e.g. Director/Sole Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/   /

#### Signatory 3 (for additional Trustees if applicable)

Title (if applicable)

e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/   /

#### Common Seal (of company) (if required)

#### Signatory 2

Title (if applicable)

e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/   /

#### Signatory 4 (for additional Trustees if applicable)

Title (if applicable)

e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/   /

**If the change of information form is signed under Power of Attorney, please return your completed form and certified identification documents to:**

Perennial Trusts  
Registry Services  
GPO Box 1406  
Melbourne VIC 3001

**For all other changes, please return your completed form to:**

Perennial Trusts  
Fax: 1300 365 601  
Email: [invest@perennial.net.au](mailto:invest@perennial.net.au)  
OR to the mailing address above.

## Appendix 1

If your Change of Information Form is signed under a Power of Attorney a **certified copy** of the identification documents selected must be attached and submitted with the change of information form..

If you are an Attorney, Appointed Guardian or appointed representative, you must also provide a **certified copy** of the Power of Attorney document, Guardianship Order or any other documentation confirming your authority to act, as applicable, in addition to the change of information form.

We need to verify both your full name and either your date of birth or your residential address from a certified copy of the documents set out in Part I, Part II or Part III.

**Complete Part I (or if you do not own a document from Part I, then complete either Part II or Part III).**

### Part I – Acceptable Primary ID Documents

Tick	Select ONE valid option from this section only
<input type="checkbox"/>	Current driver's licence containing a photograph of the individual (please copy front and back of licence).
<input type="checkbox"/>	Passport (a passport that has expired within the preceding 2 years is acceptable).
<input type="checkbox"/>	Card issued under a State or Territory for the purpose of providing a person's age containing a photograph of that person.
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of a person <sup>1</sup> .

### Part II – Acceptable Secondary ID Documents (should only be selected if you do NOT own a document from Part I)

Tick	Select ONE valid option from this section only
<input type="checkbox"/>	Birth certificate.
<input type="checkbox"/>	Citizenship certificate.
<input type="checkbox"/>	Centrelink card issued by Centrelink that entitles the person to financial benefits (please copy front and back of pension card).

**AND**

Tick	Select ONE valid option from this section only
<input type="checkbox"/>	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
<input type="checkbox"/>	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address.
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
<input type="checkbox"/>	If under the age of 18, a notice that was issued to the individual by a school principal within the preceding 3 months; and contains the individual's name and residential address; and records the period of time that the individual attended that school.

### Part III – Acceptable Foreign ID Documents (should only be selected if you do not own a document from Part I)

Tick	BOTH documents from this section must be presented
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth <sup>1</sup> .
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued <sup>1</sup> .

1. Documents that are written in a language other than English must be accompanied by an English translation prepared by an accredited translator.

## Certification

Certification is the process of verifying that something is a true and exact copy of an original document issued by a court or government agency.

Certification occurs where a copy of an original document is made and a court, government agency or qualified person attests that the copy is a true and exact reproduction of the original document and it is stamped and signed as being an **original certified copy**.

Eligible certifiers include:

- Certified practising or chartered accountants with two (2) or more years of continuous membership.
- Lawyers.
- Justices of the peace.
- Public notaries.
- Police officers.
- Judges.
- Permanent employees of Australia Post employees with more than two years of experience.
- Officers with, or authorised representatives of, a holder of an Australian Financial Services Licence, having two (2) or more continuous years of experience.

The person certifying the document should write their qualification beneath their signature.

**Important note: You do not need to date or sign this form.**