



Perennial Trusts

Change of Information Form

24 May 2017

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

Contact Number¹

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
- 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.

1. Please note if the contact number provided is different to the one we have on file our records will be updated.

Step 2: Change of Contact Details

Complete this section if you are changing your 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 distribution and all future 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

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 the FAQs on www.perennial.net.au 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
OR to the mailing address above.