## **Selector High Conviction Equity Fund Change of Details Form**



Complete this form if you wish to change any of the details listed below.

Please complete form using CAPITAL letters. Complete ALL sections.						
I wish to change my:	Contact details  Nominated bank account	1, 2 & 6 1, 4 & 6	Income distri Name	bution option	1, 3, 4 & 6 1, 5 & 6	
1. DDH Graham	Limited investor de	etails				
Account number Contact name Contact number (	)					
2. Change of cor	ntact details					
Residential address						
Poetal address (if different	to residential address above)		State	Postcode		
i ostai address (ii different	to residential address above;					
Home phone	Work p	bhone	State	Postcode Email address		
Non residents - please pro Residential address	vide an international address in a	ddition to the above add	ress			
			Postcode	State		
Home phone	Work p	bhone				
3. Change of inc	ome distribution o	ption				
Please nominate how you	would like your income distribution	ons paid.			stribution option e of these options ✓	
Name of Fund				Reinvest Income	Pay to Bank	
Selector High Conviction Ed Selector High Conviction Ed					Go to section 4	

## 4. Change of nominated bank account (please complete all sections)

Name of financial institution					
Address of financial institution					
Postcode State					
Account name with financial institution (e.g. JOHN SMITH)					
< A/C>					
BSB (branch number) Account number					
5. Change of name					
New title New first names					
New surname					
New Surfiame					
Old Signature (Please also sign in section 6 using new signature)					
Please attach certified evidence of change of name, e.g. copy of marriage certificate.					
6. Authorised signatories					
1st Individual applicant OR director OR office bearer (company signatories must include their company title)					
Capacity (if company)					
Signature					
Date signed / /					
Full name					
2nd Joint individual applicant OR director/secretary OR office bearer (company signatories must include their company title)					
Capacity (if company) Director Secretary					
Signature					
Date signed / /					
Full name					
<ul> <li>Companies signing by duly authorised representatives must provide appropriate documentation showing the proper appointment of the representatives to the Administrator. Refer to the Authorised Representative Form.</li> <li>If signed under Power of Attorney, the attorney hereby certifies that no notice of revocation of that power has been received by the attorney.</li> <li>For clubs, charities, churches or unincorporated bodies this form must be signed by the authorised office bearers (e.g. A. Smith - President).</li> </ul>					
Return your completed Change of Details Form to:  DDH Graham Limited  Reply Paid 330  Brisbane QLD 4001					