

Change of Details Form



Instructions

Please complete this form to make changes to your personal details. Please use BLOCK letters to complete this Change of Details Form.

A. Investor details

Investor number

Investor name

Name of Fund(s) or investment you would like details changed (if applicable)

1.

2.

3.

Please select what details you would like to change?

- | | |
|--|--|
| <input type="checkbox"/> Address and/or contact details (Complete Section B) | <input type="checkbox"/> Nominated bank account details (Complete Section E) |
| <input type="checkbox"/> Power of Attorney (Complete Section C) | <input type="checkbox"/> Income distribution option (Complete Section F) |
| <input type="checkbox"/> Tax Residency Status (Complete Section D) | <input type="checkbox"/> Other (Complete Section G) |

B. New Address and/or Contact Details

Have you moved overseas? Yes, please indicate which country

No

New Residential or Business Address (PO Box is not acceptable)

Unit no Street no Street name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Suburb/town

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

New Postal Address (if different from Residential or Business Address)

Unit no Street no Street name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Suburb/town

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

New Contact Details

Contact name

Phone

Mobile

Email (This email address will be used for ALL correspondence)





Please use BLOCK letters to complete this Change of Details Form.

C. New or Change of Power of Attorney

I/we have appointed / would like to appoint a new (please cross out as necessary) a Power of Attorney (POA) to act on my/our behalf.

If you have an existing appointed attorney, please provide an original certified copy of the POA.

If you do not have an existing appointed POA, please contact us on +61 3 9600 28 28 or investors@silcgroup.com.au.

I/we would like to remove my/our appointed Power of Attorney: Name:

D. Change of Tax Residency Status

Please complete this section if you have changed tax residency status.

I have become a tax residence of AUSTRALIA, effective date (dd/mm/yyyy)

	Tax File Number (TFN)	TFN Exemption (if applicable)
Investor 1	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>

It is not against the law if you choose not to provide your Tax File Number (TFN) or exemption reason. However, please note that should you decide not to, tax may be deducted from your distribution at the highest marginal tax rate (plus Medicare levy).

I am no longer a tax resident of AUSTRALIA, effective date (dd/mm/yyyy)

Please provide Tax Identification Number (TIN) or equivalent

	Country	Tax Identification Number (TIN)	If no TIN, list reason A, B or C
Investor 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason A: Country of residence does not issue TINs to tax residents

Reason B: Individual has not been issued with a TIN, please provide explanation

Reason C: Country of residence does not require the TIN to be disclosed

E. Nominated Bank Account Details

Please provide details of the account into which you would like distributions and redemptions to be paid. **The nominated bank account must be in the name of the investor (or where joint investors, in the name of at least one of the investors).**

By providing your nominated bank account, you authorise the Trustee to use these details for all future transaction requests that you make including credits in relation to any withdrawal proceeds until written notice is provided otherwise. Please check these details carefully as it is your responsibility to ensure all payee account details are correct. Incorrect details may result in loss of funds and we do not accept liability for loss of funds due to incorrect or incomplete bank account details provided by you.

All distributions will be paid in Australian dollars (unless otherwise specified in the IM or SIM, as applicable). If an international (non-Australian) bank account is provided, it must be located at a jurisdiction where the investor is tax resident and any applicable bank fees will be deducted from the payment.

Account name

Name of financial institution

Branch address

BSB / SWIFT

Account number





F. Change of Income Distribution Option

I would like to change my income distribution method to: Reinvest distribution
 Pay into my nominated bank account

G. Other

Please provide details of change(s)

H. Signatures (Compulsory)

By signing the below, you confirm that you are duly authorised to execute this instruction.

Authorised Signatory 1

Signature

Date (dd/mm/yyyy)

Surname

Given name(s)

Capacity Investor
 Director
 Trustee
 Under Power of Attorney

Authorised Signatory 2

Signature

Date (dd/mm/yyyy)

Surname

Given name(s)

Capacity Investor
 Director
 Trustee

Returning this form

Please return completed and signed form to:



The SILC Group
Level 9 179 Queen Street
Melbourne VIC 3000
Australia



investors@silcgroup.com.au

If you have a question regarding this Form, please contact us on +613 9600 2828 or via email at investors@silcgroup.com.au

