

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

Investor Number _____

Investor Account Name _____

NEW BANK ACCOUNT DETAILS (Must be in the name of the investor)

Account Name _____

BSB _____ Account Number _____

Bank/Branch _____

NOTE: We are unable to update your bank account details until we have verbally confirmed the change.

INVESTOR/AUTHORISED SIGNATURES

Signature _____

Full name _____

Date _____

Capacity to execute:

- Investor Director
 Power of Attorney Trustee

Signature _____

Full name _____

Date _____

Capacity to execute:

- Investor Director
 Power of Attorney Trustee

RETURN COMPLETED, SIGNED FORM TO:

The Manager, Investor Services
La Trobe Financial
GPO Box 2289
Melbourne Victoria 3001 Australia

ENQUIRIES:

For individual investors please email:
investor@latrobefinancial.com.au
 For Financial Advisers please email:
advisersupport@latrobefinancial.com.au
 Toll Free: **1800 818 818**

Office use only

Verbally confirmed by _____

Data entered by _____