

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.

This notification confirms my request to alter the 'existing' adviser listed on my current investments to the new 'appointed' adviser whose details appear below.

Investor Name _____ Investor Number _____

EXISTING FINANCIAL ADVISER

Name _____

NEW FINANCIAL ADVISER

Name _____

Business name _____

Business address _____

Phone (business) _____ Mobile _____

Email _____

PAYMENTS TO YOUR NEW FINANCIAL ADVISER (optional to be completed by the Investor)

You may instruct us to make certain payments to your new Financial Adviser as follows:

Upfront payment: _____ % Paid upon initial investment from your investment capital

Repeat payment for subsequent investments

Ongoing payment: _____ % Please refer to page 41 of the PDS for further explanation

I instruct **La Trobe Financial** to deduct the upfront payment amount from my account following my investment/s and/or deduct the ongoing payment on a regular basis.

INVESTOR/AUTHORISED SIGNATURES

I confirm that I understand the consequences of my decision to change advisers, including:

I understand that my 'existing' adviser:

- will no longer be remunerated for my investments following this decision;
- will no longer have access to my information.

I understand that my 'appointed' adviser will:

- give me advice relating to investments in the future;
- be remunerated for reviewing the appropriateness of investments to my needs on a regular basis;
- have access to my information and will therefore be responsible for looking after my needs.

Signature of: Individual Director Secretary

Place common seal here if required

Signature of: Individual Director Secretary

Signature _____

Signature _____

Full name _____

Full name _____

Date _____

do not sign

Date _____

RETURN COMPLETED, SIGNED FORM TO:

The Manager, Investor Services
La Trobe Financial
GPO Box 2289, Melbourne Victoria 3001 Australia
 Facsimile: **(03) 8610 2851**

ENQUIRIES:

Email: **advisersupport@latrobefinancial.com.au**
 Toll Free: **1800 818 818**

Office use only

Data entered by _____ Authorised by _____ Date processed _____