

# Change of Details Form

## Perpetual Trust Services Limited

### Opal Market Neutral Fund



This form is for existing investors only. If you are a new investor, please use the **Application Form** available at [www.opal.capital](http://www.opal.capital)

Account/Investor Number

Account/Investor Name

#### Type of Change(s) Required

- Name  TFN/ABN  Operating Authority  Distribution Method  
 Contact Details  Bank Account Details  Adviser

### NEW NAME DETAILS

#### Previous Name Details

Given Name(s)

Surname

Signature

Date

#### New Name Details

Given Name(s)

Surname

Signature

Date

*Note: A certified copy of proof of the name change is required (e.g. certificate from Births, Deaths and Marriages)*

### NEW CONTACT DETAILS

Residential Address

Mailing Address

Email Address

Mobile Number

Home Phone Number

Work Phone Number

### TFN AND/OR ABN

Investor 1: TFN/ABN

Investor 2: TFN/ABN

*Note: For trusts and superannuation funds – provide the TFN of the trust or super fund. TFNs for trustees cannot be accepted.*

## NEW BANK ACCOUNT DETAILS

The following account is to be used for all future payments relating to redemptions and distributions:

Bank Name/Institution

Account Name

BSB

Account Number

*Note: Only Australian and New Zealand bank, building society or credit union accounts can be accepted. For security, the bank account must be in the registered account holder's name. Requests for payment to third party bank accounts or those that do not contain deposit account instructions will not be processed.*

*We require you to attach a copy of your bank statement to verify the details provided above.*

## NEW ACCOUNT OPERATING AUTHORITY

Please indicate how you wish to operate your Account:

- Any one of us to sign, or
- Any two of us to sign, or
- All of us to sign

## NEW ADVISER OR THIRD-PARTY DETAILS

Title (Mr/Mrs/Ms)

Name (in full)

Name of Company and/or Dealer Group

Postal Address

Suburb

State

Postcode

Country

Phone

Email

Adviser or Third-Party Signature

AFSL No.

*Note: A certified copy of identification is required for your adviser or third party.*

## DISTRIBUTION METHOD

- Reinvest
- Pay into Bank Account

## DECLARATION

I/we declare that all the details in this form are true and correct.

All signature(s) on this form must match the signing authority currently held by the Registry for your investment account. If you are signing as a trustee, you warrant that, at the time of signing, you are authorised under the relevant trust deed to perform the acts contemplated by this form. If you are signing under power of attorney, you warrant that, at the time of signing, you have not received notice of revocation of that power of attorney. A certified copy of the power of attorney must be given to us with the completed form.

### Investor 1

Signature

Full Name

Date

Tick capacity (mandatory for companies):

- Sole Director and Company Secretary       Non-Corporate Trustee  
 Director       Partner  
 Secretary

### Investor 2

Signature

Full Name

Date

Tick capacity (mandatory for companies):

- Director       Non-Corporate Trustee  
 Secretary       Partner

*Note: It is up to the investor to ensure Opal Capital Management have been notified of any changes to authorised signatories on this account.*

**Please post or email this form and identification documentation (if applicable) to:**

Apex Fund Services Pty Ltd  
Opal Market Neutral Fund  
GPO Box 4968  
Sydney, NSW 2001

**OR**

registry@apexgroup.com