

CHANGE OF DETAILS FORM

INSTRUCTION

Please complete this form to make changes to your personal details.
PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS FORM

1. INVESTOR DETAILS (MUST BE COMPLETED)

Investor Name

Contact Phone Number(s)

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

Please select what details you would like to change?

Address and/or contact details (Complete Section 2)

Nominated bank account details (Complete Section 4)

Tax Residency Status (Complete Section 3)

Income Distribution Option (Complete Section 5)

2. NEW ADDRESS AND/OR CONTACT DETAILS

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

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

New Contact Details

Contact Name

Phone

Mobile

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

3. 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/yy)

Investor Name

Tax File Number (TFN)

Investor 1

Investor 2

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 Medical levy).

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

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

4. NOMINATED BANK ACCOUNT DETAILS

Please provide new details of the account into which you would like distributions to be paid. 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 notice is provided otherwise.

Account Name	<input type="text"/>	Name of Financial Institution	<input type="text"/>
Branch Address	<input type="text"/>		
BSB	<input type="text"/>	Account Number	<input type="text"/>
	<input type="text"/>	Swift Code	<input type="text"/>

5. CHANGE OF INCOME DISTRIBUTION OPTION

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

6. OTHER

Please provide details of change(s)

7. SIGNATURES (MUST BE COMPLETED)

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

Authorised Signatory 1		Authorised Signatory 2	
Signature	<input type="text"/>	Signature	<input type="text"/>
Date (dd/mm/yy)	<input type="text"/>	Date (dd/mm/yy)	<input type="text"/>
Surname	<input type="text"/>	Surname	<input type="text"/>
Given Name (s)	<input type="text"/>	Given Name (s)	<input type="text"/>
Capacity	<input type="checkbox"/> Investor <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Others	Capacity	<input type="checkbox"/> Investor <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Others
Others	<input type="text"/>	Others	<input type="text"/>

RETURNING THIS FORM

Please return completed and signed form to:



BMYG Capital Pty Ltd :
Tenancy D L5 990 Whitehorse Rd
Box Hill VIC 3128 Australia



info@bmygcapital.com

If you have a question regarding this Form, please contact us on +613 8623 7999 or via email at info@bmygcapital.com