

## Change of Details Form

TRILOGY FUNDS MANAGEMENT LIMITED  
AFSL 261425

I/We request the details held with TrilogY Funds Management Limited to be changed as follows.  
Complete details where appropriate.

Individuals:		Companies:	
Full name/s of individual/s	Name of company including ACN		
<input type="text"/>	<input type="text"/>		
Superannuation Funds/Estates/Clubs/Trusts/Partnerships			
Trustee/s	Fund/Estate/Club/Trust/Partnership Name		
<input type="text"/>	<input type="text"/>		
Tax File Number	<input type="text"/>		
Postal Address			
Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Details			
Business Hours	After Hours	Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile	Email		
<input type="text"/>	<input type="text"/>		
Account Details			
Account Name	Account Number		
<input type="text"/>	<input type="text"/>		
Bank	Branch	BSB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature/s (Individuals/Individual Trustees/Partners)			
Applicant	Joint Applicant/s		
<input type="text"/>	<input type="text"/>		
Date	<input type="text"/>		
Signature (Company/Company Trustee)			Common Seal (if applicable)
Director/Sole Director	Director/Secretary		
<input type="text"/>	<input type="text"/>		