





**Mailing address**

Please indicate if the mailing address is the same as your residential address:  **OR** complete this section.

Street

Suburb  State

Postcode  Country

**Contact phone number(s) and email**

Home ()  Business ()

Mobile  Fax ()

Email

**Investor 2**

Title  Given name(s)

Surname

Tax File Number (TFN) OR specify your exemption category

If you are a non-resident of Australia for tax purposes, please provide your country of tax residency.

**Tax Residency Information: Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)**

Are you a US citizen or resident of the US for tax purposes, or are you otherwise a non resident for tax purposes?

- Yes - Please provide your Taxpayer Identification Number (TIN)   
and then complete a *Self Certification Declaration Form* available at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms).
- No - Please proceed with this form.

If your residential address/ mailing address and contact details are the same as Investor 1 please indicate here

**Proceed to Part 2.**

**Residential address**

Street

Suburb  State

Postcode  Country





**Mailing address**

Please indicate if the mailing address is the same as your residential address:  **OR** complete this section.

Street

Suburb                      State

Postcode      Country

**Contact phone number(s) and email**

Home (   )          Business (   )

Mobile           Fax (   )

Email

**PART1: Bank account details and distribution preferences**

Nominate a bank account into which your distributions are to be paid. If you are an overseas Investor please download an *Overseas Bank Details form* at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms) or call Investor Relations on 1800 230 099.

Important: please note that all products held under the Investor ID provided on page 1 will be updated with the bank account details you provide below.

Financial institution name

Account name

BSB    -    Account number

**If relevant - Trilogy Enhanced Cash and Trilogy Monthly Income Trust investors to complete (reinvestment is not applicable to other investments)**

- Indicate your distribution preference below.
- Pay my distribution to the account noted above OR
  - Reinvest my distribution.





## PART 2: Operating Authority

If there are two signatories, please indicate who has the authority to operate your account. If nothing is indicated your instruction will remain unchanged as per instructions currently noted on file.

Either signatory to sign      **OR**       Both signatories must sign      **OR**

Other, please specify:

## PART 3: Communication preferences

Please provide your communication preferences below. Please ensure you have provided your email address and a mobile phone number, and that in the future you keep the details we hold up to date.

I/we agree to receive correspondence as set out below, in accordance with our standard delivery schedule (which may be updated on our website).

Note: You may contact Investor Relations if you have a special request, for example, a hard copy delivered to you in the post.

Communication	Timing	Delivery
Distribution Statements	Monthly	Email
Other communications	When a material change occurs	Website and email
Transaction confirmations	After each transaction	Email
Tax Statements	Annually	Email
Periodic Statements	Annually	Email
Annual Report	Annually	Website

I/We do not have an email address and therefore would like all communications to be mailed.

Yes, mailing address is the same as specified at the beginning of this form.

Yes, contact number is the same as specified at the beginning of this form.

Note: If any of your contact details are different, please change this in Part 1 of the form as your preferred contact information.





# PART 4: Signatures

Please sign in accordance with your Operating Authority

## Investor 1

Given name(s)

Surname

Signature  Date

## Investor 2

Given name(s)

Surname

Signature  Date

### PLEASE RETURN TO:

**OPTION 1** Free post your application to:  
 Trilogy Funds Management Limited  
 Reply Paid 1648  
 Brisbane QLD 4001

**OPTION 2** Scan and email your application to:  
[investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au)

**Please contact us if you have any questions about the change of details process.** Phone Investor Relations on 1800 230 099 (New Zealand callers phone +800 5510 1230) or email [investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au)





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