



FORM T7



# Change of Details form Superannuation Funds/ Trusts

This form is to provide Trilogy Funds with updates to a Superannuation Fund/ Trust investment account. Fill in all relevant sections of this form in blue or black pen and using BLOCK letters print **X** in the appropriate boxes to indicate your response. Do not use whiteout on this form. If you need to correct a mistake cross out the section to be corrected accompanied by your full signature.

Investor ID

### SUPERANNUATION FUND/ TRUST DETAILS

Full name

Tax File Number (TFN) OR specify your exemption category

Australian Business Number (ABN)

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 any of the entities or individuals mentioned in this form a US citizen or resident of the US for tax purposes, or otherwise a non-resident for tax purposes?

- Yes → Please complete the *Self Certification Declaration Form* in addition to this form. The declaration is available at **www.trilogyfunds.com.au/forms** or call 1800 230 099 (New Zealand +800 5510 1230) and request a copy.
- No → Complete this Form.

### Change in Beneficiary, Trustee(s) or Beneficial Owner(s)

Have any of the beneficiaries, trustee(s) or beneficial owner(s) of the Superannuation Fund/Trust changed?

- Yes → Please complete the *Change of Trustee/Beneficiary/Director form* available at **www.trilogyfunds.com.au/forms**.
- No





# PART 1: Individual Trustee(s)

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## TRUSTEE 1

Title     Given name(s)

Surname

### 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

## TRUSTEE 2

Title     Given name(s)

Surname

### 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

## PART 2: Corporate Trustee

### Company details

Full name (as registered with ASIC for Australian Companies)   
  
 Australian Business Number (ABN)   
 Australian Company Number (ACN)

### Registered office address *(The address supplied below must not be a PO Box)*

Street   
  
 Suburb  State   
 Postcode  Country

### Principal place of business

Please indicate if the principal place of business is the same as the registered office address:  **OR** complete this section.

Street   
  
 Suburb  State   
 Postcode  Country





### Mailing address

Please indicate if the mailing address is the same as the registered office address:

**OR** please indicate if this mailing address is the same as the principal place of business address:

**OR** complete this section.

Street

Suburb                      State

Postcode     Country

### Contact phone number(s) and email

Home (   )          Business (   )

Mobile           Fax (   )

Email

### Director 1

Title     Given name(s)

Surname

Home (   )          Business (   )

Mobile           Fax (   )

Email

### Director 2

Title     Given name(s)

Surname

Home (   )          Business (   )

Mobile           Fax (   )

Email





## PART 3: 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 4: 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 5: 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 6: Signatures

Please sign in accordance with your Operating Authority  
Trustee/Director 1

Given name(s)

Surname

Signature

Date

Trustee/ Director 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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