

# Change of Details Form Investments Products only



SAVE FORM

PRINT FORM

Please use this form to update your details for:

- FirstChoice Investments (070)
- FirstChoice Wholesale Investments (091)
- Managed Investment Funds (090)
- Wholesale Mezzanine Investments (120)

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross [X]. Start at the left of each answer space and leave a gap between words.

Fields marked with an asterisk (\*) must be completed.

- I want to change my contact details – complete Parts 1, 2 and 7
- I want to provide my tax file number – complete Parts 1, 3 and 7
- I want to provide my income and distribution method – complete Parts 1, 4 and 7
- I want to change my bank account details – complete Parts 1, 5 and 7
- I want to update or change my name – complete Parts 1, 6 and 7

## 1 INVESTOR DETAILS

Account number\* – To avoid processing delays please ensure your account number is clearly marked.

### INVESTOR 1 OR COMPANY/PARTNERSHIP

Title  
Mr  Mrs  Miss  Ms  Other

Full given name(s)\*

Surname\*

Date of birth\*

Your main country of residence, if not Australia\*

If you're a tax resident of a country other than Australia, specify country of tax residence

If you're a citizen of a country or countries other than Australia, specify countries of citizenship

Country 1  Country 2

Existing address with CFS  
Unit number  Street number  Street name   
Suburb  State  Postcode   
Country

## 1 INVESTOR DETAILS (CONTINUED)

### INVESTOR 2 (IF APPLICABLE)

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s)\*

Surname\*

Date of birth\*

Your main country of residence, if not Australia\*

If you're a tax resident of a country other than Australia, specify country of tax residence

If you're a citizen of a country or countries other than Australia, specify countries of citizenship

Country 1

Country 2

Existing address with CFS

Unit number  Street number  Street name

Suburb  State  Postcode

Country

## 2 USE THIS SECTION TO UPDATE YOUR CONTACT DETAILS

### INVESTOR 1

New residential address (PO Box is NOT acceptable)

Unit number  Street number  Street name

Suburb  State  Postcode

Country

New postal address

Unit number  Street number  PO Box  Street name

Suburb  State  Postcode

Country

Work phone number

Home phone number

Fax number

Mobile phone number

New email address

If you are updating your email address and/or mobile number, we are required to verify you. Please complete section 7. Not completing this section may cause delays in processing your request.

#### Why we ask for your email address and mobile number

- By providing this, you are consenting to receive statements, transaction and other account communications, education, market updates, significant event notices and other important information electronically.
- By providing your mobile number, you are consenting to its use for security validations. This will allow you to access communications such as your statement via email.
- You are able to change your contact preferences at any time.

## INVESTOR 2

### New residential address (PO Box is NOT acceptable)

Unit number	<input type="text"/>	Street number	<input type="text"/>	Street name	<input type="text"/>			
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>							

### New postal address

Unit number	<input type="text"/>	Street number	<input type="text"/>	PO Box	<input type="text"/>	Street name	<input type="text"/>	
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>							

Work phone number	<input type="text"/>	Home phone number	<input type="text"/>	Fax number	<input type="text"/>	Mobile phone number	<input type="text"/>
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### New email address

If you are updating your email address and/or mobile number, we are required to verify you. Please complete section 7. Not completing this section may cause delays in processing your request

#### Why we ask for your email address and mobile number

- By providing this, you are consenting to receive statements, transaction and other account communications, education, market updates, significant event notices and other important information electronically.
- By providing your mobile number, you are consenting to its use for security validations. This will allow you to access communications such as your statement via email.
- You are able to change your contact preferences at any time.

## 3 USE THIS SECTION TO PROVIDE YOUR TAX FILE NUMBER (TFN)

(Tax codes are explained in the attached instructions).

### Investor 1 or Company TFN

Code:  TFN:

or Exemption (Please state full name of benefit – see attached instructions)

If you're a tax resident of a country other than Australia, specify country of tax residence

### Investor 2

Code:  TFN:

or Exemption (Please state full name of benefit – see attached instructions)

If you're a tax resident of a country other than Australia, specify country of tax residence

**4 USE THIS SECTION TO PROVIDE YOUR INCOME AND DISTRIBUTION METHOD**

Your nomination in this section overrides previous nominations. Only one method can be selected and this will apply to all investment options you invest in. Please cross (X) one:

Reinvested as additional units

Credited to my Australian financial institution account shown in section 5

I/we acknowledge that direct deposits not accepted by my/our Australian financial institution will be paid to me/us or reinvested as additional units.

**5 USE THIS SECTION TO NOMINATE YOUR BANK ACCOUNT DETAILS**

**Note:** New bank account details cannot be accepted via fax. Please upload your form via FirstNet or send to us by post.

I/We authorise and request Colonial First State Investments Limited (User ID 011802 & 619909), until further notice in writing to arrange for funds to be debited from my/our account, at the financial institution identified in the schedule below, any amounts which CFSIL may debit or charge me/us through the Bulk Electronic Clearing System (BECS).

**Note:** Third party bank accounts cannot be used for transacting online.

Name of Australian financial institution

Branch name or address

Branch number (BSB)

Account number

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Name of account holder

Please update the following services with these new bank account details. Please tick the appropriate box(es):

Regular Monthly Investment Plan  Regular Withdrawal Plan  Online Services

Cross (X) this box if you wish to remove your existing bank details.

Please note that by providing bank details in this section you authorise CFSIL to retain these details for all future transaction requests that you nominate. Please see the terms and conditions in the current Product Disclosure Statement (PDS).

Signature of bank account holder

Print name

Date

Signature of bank account holder

Print name

Date

## 6 USE THIS SECTION TO UPDATE OR CHANGE YOUR ACCOUNT NAME

If your name has changed, please attach a copy certified by a Justice of the Peace, solicitor or notary public of the documentation by which you registered your change of name, such as a Marriage Certificate, Deed Poll or Decree nisi (in the event of divorce). Additional certification options are available from our 'Certification of documents – list of prescribed persons' form at [www.cfs.com.au/content/dam/prospects/fs/4/5/fs4523.pdf](http://www.cfs.com.au/content/dam/prospects/fs/4/5/fs4523.pdf)

### INVESTOR 1

Title

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Date of birth\*

Old signature of Investor 1 or Company Officer

New signature of Investor 1 or Company Officer

Print name

Date

### INVESTOR 2

Title

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Date of birth\*

Old signature of Investor 2 or Company Officer

New signature of Investor 2 or Company Officer

Print name

Date

## 7 PROVING YOUR IDENTITY

When updating your details we are required to verify your identity. If you have not recently provided certified ID please complete one of the options below to prove your identity

If you have not previously provided proof of your identity to us, you will need to do so before we can pay you your benefit. Proving your identity ensures your benefit is paid to you and no one else. There may be times we need to contact you to further verify your identity.

Select one option to prove your identity:

### Option 1 – I want to use electronic verification

Provide details of EITHER your current valid Australian Driver Licence or Australian Passport.

Full name as appears on my driver's licence

Licence number

State of issue

Expiry date

or

My Australian passport number is

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

### Option 2 – I want to provide paper copies of certified documents

Please ensure that you provide photocopies of your original identification document and that they are correctly certified on each page as true copy. This also includes international documentation. For more information refer to our website on [Identification and Verification – Certification of Documents](#).

## 8 DECLARATION

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at [www.dvs.gov.au](http://www.dvs.gov.au)

I/we declare that:

- all details in this form are true and correct
- sole signatories signing on behalf of a company confirm that they are signing as sole director and sole secretary of the company
- by signing this form I/we acknowledge that I/we have access to the current PDS including all statements and information that are incorporated by reference and I/ we have read or do not require such information
- if this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless CFSIL has already sighted it)

- I/we release and indemnify CFSIL against any liabilities whatsoever arising out of CFSIL acting on any communications received by phone, fax, or other electronic means including without limitation transactions effected through the internet in respect of my/our investments
- CFSIL and/or its related entities will not be liable to me/ us or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where CFSIL refuses to process a transaction or ceases to provide me/us with a product or service.

I/we acknowledge that:

- the investment performance and the repayment of capital of CFSIL products is not guaranteed.

## DIRECT DEBIT REQUEST AUTHORISATION

- I/we authorise and request Colonial First State Investments Limited (User ID 011802 & 619909) to arrange for funds to be debited from my/our account at the financial institution identified in **section 5** above and as prescribed through the Bulk Electronic Clearing System (BECS)
- I/we have read the 'Direct Debit Request Service Agreement' provided with this form and agree with its terms and conditions
- I/we request this arrangement to remain in force in accordance with details set out in **section 5** and in compliance with the 'Direct Debit Request Service Agreement'.

### Signature of Investor 1/or Company Officer

Print name

  

Date

### Signature of Investor 2/or Company Officer

Print name

  

Date

If signing under a Power of Attorney which has not been sighted by us previously, please comply with the following; attach a certified copy of the Power of Attorney document (certification must appear on every page), a completed Power of Attorney Identification/ Guardianship Order Identification Form, and an original certified copy of the Power of Attorney current Identification such as a driver's licence or passport. Forms can be found on our forms library at [www.cfs.com.au](http://www.cfs.com.au) or by phoning Investor Services on 13 13 36.

Please send the completed form to:

Colonial First State  
Reply Paid 27, Sydney NSW 2001

or via the secure online system (e-Post) with FirstNet Investor and FirstNet Adviser

Colonial First State Investments Limited ABN 98 002 348 352, AFSL 232468 (CFSIL) is the issuer of interests in investment, superannuation and pension products. Product Disclosure Statements (PDS) and the Financial Services Guide (FSG) are available from our website [www.cfs.com.au](http://www.cfs.com.au) or by calling 1300 654 666. You should read the relevant PDS and FSG to assess whether the information is appropriate for you and consider talking to a financial adviser before making an investment decision. The investments are subject to investment and other risks, including possible delays in repayment and loss of earnings.

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# Important information about changing your account details

## How do I change my account details?

As an investor with CFSIL there are a number of ways you can make changes to your account including over the internet, by phone, letter, fax or by using the pre-printed form attached.

The following circumstances may constitute a change of account details:

- Updating your contact details (address, phone number etc)
- Changing or providing your Tax File Number (TFN)
- Updating your income distribution method
- Changing your bank, building society or credit union account (for security purposes we require a signed original or send via e-post)
- Updating or changing your account name

## How do I provide my TFN?

This section will assist you in completing section 3 of the attached form.

- Individual: Write 'I' in the small box, then your TFN.
- Organisations not required to lodge a tax return: Write 'N' in the small box, then the reason for exemption in the space.
- More than one person or organisation: Write 'J' in the small box, then the TFNs of two investors only. Give details of people with a TFN before details of people who are exempt.
- Companies (C) or partnerships (P): Write 'C' or 'P' in the small box, then the company or partnership TFN.
- Super Funds (S) or Trusts (T): Write 'S' or 'T' in the small box, then the Super Fund or Trust TFN.
- Exemptions: Write the full name of the benefit you receive, eg Age Pension, Service Pension, Wife's Pension, Carer's Pension, Widow B Pension, Sole Parent's Pension, Special Benefit, Rehabilitation Allowance, Disability Support Pension or Special Needs Pension.

For further details on providing your TFN, please refer to the current Product Disclosure Statement.

## Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Colonial First State Investments Limited, User ID 011802 & 619909, ABN 98 002 348 352 (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

### Our commitment to you

- We will send you regular transaction statements in addition to the initial confirmation of your drawings.
- Where the due date for a drawing falls on a non-business day, we will draw the amount on the next business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least thirty (30) days written notice sent to the preferred email or address you have given us. If you are unhappy with any changes we make, you may cancel your direct debit arrangement without fee or charge by providing us with written notice as outlined under the heading 'Your rights'.
- We may terminate your direct debit arrangement if drawings are returned unpaid, or if debit is unsuccessful three times in any 12-month period.
- We may disclose your direct debit and related account details at the request of your financial institution in connection with a claim made for an alleged incorrect or wrongful debit, or to the extent specifically required by law. Otherwise, we will keep all information provided by you, and details of your nominated account at the financial institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 21 business days.

### Your commitment to us

- It is your responsibility to check with your financial institution whether direct debiting is available from your account as direct debiting is not available through BECS on all accounts offered by financial institutions.
- It is your responsibility to ensure that the authorisation on the direct debit request is identical to the account signing instruction held by the financial institution of the nominated account.
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.



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- It is your responsibility to arrange with us a suitable alternative payment method if the drawing arrangements are stopped either by you or by the nominated financial institution.
  - It is your responsibility to meet any charges resulting from the use of the direct debit system. This may include fees charged by us as a result of drawings returned unpaid, such fees being equal to actual costs we incur.

## **Your rights**

- You may request to defer or alter the agreed drawing schedule by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing.
- You may cancel the direct debit arrangement at any time by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing. Your nominated financial institution may also accept a request to cancel your direct debit arrangement with us.
- All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 21 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account. Alternatively you can contact your financial institution for assistance.

**Please phone Colonial First State Investor Services on 13 13 36 with any enquiries or send an email to [contactus@cfs.com.au](mailto:contactus@cfs.com.au).**