

# Fairview Equity Partners Emerging Companies Fund Change of Details Form



Responsible Entity  
nabInvest Managed Investments Limited  
ABN 61 083 784 463 AFSL 312122

**Please note where information is not provided, existing information will prevail.  
Section 1 must be completed regardless of whether changes have occurred.**

## 1. Investor Details

Investor Number
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### A. Investor 1 – Individuals / Joint Investors / Sole Traders / Trustees

Title	First Name	Surname
Date of Birth		
Telephone: Private	Business	Mobile
Email Address		Facsimile
ABN/ACN	TFN	
TFN Exemption Reason		

### B. Investor 2 – Joint Investors / Trustees

Title	First Name	Surname
Date of Birth		
Telephone: Private	Business	Mobile
Email Address		Facsimile
ABN/ACN	TFN	
TFN Exemption Reason		

### C. Companies / Associations / Trusts / Superannuation Funds / Partnerships / Government Bodies / Registered Co-operatives

Name	
Trustee/Executor name/s	Contact Person
Telephone: Business	Facsimile
Email Address	
ABN/ACN	TFN
TFN Exemption Reason	

## 2. New Address Details

Complete this section to change details.

C/- (if applicable)		
Number	Street Name	
Suburb/Town		
State	Postcode	Country
Email Address		
Email Address		

Preferred method of correspondence  Email **OR**  Post

## 3. New Distribution Option

Complete this section to change your distribution option.

This will apply to all units:  Reinvest income as additional units. **OR**  Pay to bank account nominated in section 4.

## 4. Income Distributions

Complete this section to change your bank account details and/or if you chose 'pay to bank account' in Section 3.

Name of Australian bank or financial institution	Branch
Name in which the account is held (i.e. investor's name)	
BSB Number	Account Number

By providing your bank account details in this section, you authorise nabInvest Managed Investments Limited to use these details for all distribution and withdrawal requests that you nominate.

## 5. Financial Adviser Details

Complete this section to amend your financial adviser details.

I/We agree that information relating to my/our investment may be supplied to my/our financial adviser.  Yes, please provide information.  No, please do not provide information.

Please provide copies of all transactions to my/our financial adviser. If no election is made no copies will be sent.  Yes  No

Financial Adviser Name	Financial Adviser Stamp	
Dealer Group		
Dealer Branch		
ABN		AFSL No.
Contact Phone No.		
Financial Adviser's Address		
Email Address		

## 5. Financial Adviser Details (continued)

Complete this section to amend the financial adviser's bank account details.

Name of Australian bank or financial institution	Branch
Name in which the account is held	
BSB Number	Account Number

Financial adviser remuneration will be paid into the above bank account.

## 6. Financial Adviser Remuneration

If this section is not completed, no adviser service fees will be deducted.

I request, until further notice from me, that nabInvest Managed Investments Limited deduct an Adviser Service Fee of the following amount/s from my account to pay my financial adviser.

### One-off Fixed Dollar Fee

This structure can be used to facilitate a one-off payment to your financial adviser. This payment will be deducted from your investment. Please nominate the dollar amount you wish to pay your financial adviser.

\$

OR/AND

### Initial Adviser Service Fee (Contribution Fee)

This fee is deducted from every contribution to your investment. Please nominate the percentage amount of each contribution you wish to pay your financial adviser.

% per contribution

OR/AND

### Ongoing Adviser Service Fee

This fee is calculated on your investment balance on a monthly basis and deducted monthly from your investment. Please nominate the percentage or dollar amount you wish to pay your financial adviser.

% per annum OR \$  per annum

**Note:** The amount that will be paid to your financial adviser is inclusive of GST.

I understand that I may cancel this Ongoing Adviser Service Fee anytime by notifying nabInvest Managed Investments Limited in writing.

## 7. Interested Parties

The following parties may receive information relating to this investment.

Name	Company
Email	Phone

Please provide copies of all transactions and investor statements to the Interested Parties.

Please attach a schedule if more space is required.

### **8. Declaration and Signatures**

By signing this form I/we acknowledge that I/we have read and understood the current Fairview Equity Partners Emerging Companies Fund Product Disclosure Statement (PDS) to which this Change of Details Form relates and I/we agree to be bound by the PDS (including the Initial Application Form) and the Constitution, each as amended or updated from time to time. A copy of the PDS, any supplemental PDS, and any website updates are available free of charge from [www.nabinvest.com.au/nabinvest/our\\_partners/fairview](http://www.nabinvest.com.au/nabinvest/our_partners/fairview). I/We declare that all the details provided on this form are true and correct.

Company Seal

Investor 1 signature \_\_\_\_\_ Date \_\_\_\_\_

Investor 2 signature \_\_\_\_\_ Date \_\_\_\_\_

Company applications must be signed by either two Directors, a Director and Secretary or the Sole Director of the company. If this form is signed under a Power of Attorney, it must be accompanied by a certified copy of the Power of Attorney.

Please return your completed form to: National Australia Bank Attn: Registry Services GPO Box 1406 Melbourne VIC 3001. Or fax to 1300 365 601. If you have any questions, please contact Investor Services on 1300 738 355.