

CHANGE OF FINANCIAL ADVISER FORM

This form is to be used to notify us of any changes to your financial adviser's details.

If you are a current financial adviser, you can update your details by logging into Warakirri's online investor portal here.

If you have any queries on how to complete this Change of Financial Adviser Form or for access to our investor portal, please contact Warakirri on 1300 927 254 or contact@warakirri.com.au for further details.

Section 1 – Account Informa	tion			
Investor name				
Investor Number(s)				
Reason for completing this form:				
Update or Add Financial Adviser	Details (complete Sectio	on 2)		
Remove your Financial Adviser (c	omplete Section 3)			
Section 2 – New or Updated	Financial Adviser [Details		
By completing this section, you consen reports	t to your financial advis	er making enqui	ries on your bel	nalf, and receiving investment statements and
Authorised representative number:				AFSL number:
Full name of adviser:				Business name:
Dealer group:				
Postal address				
Street:				
Suburb	State:		Postcode:	Country:
Telephone (Business):		Tele	ohone (Mobile)	
Email:				
Provide Online Access (email and mobile number required)				

Please note, adviser's setup with online portal access will be setup with view-only access by default. If additional access is required, please contact Warakirri on 1300 927 254.



Additional authorised re	ecipients:			
Full name:				
Email:				
Telephone (Mobile):				
	☐ Provide Online Access			
	(email and mobile number required)			
Section 3 – Remo	ove Current Financial Adviser			
By completing this secti	on, your financial adviser will be removed	d and no longer be able to make enquiries on your behalf		
Full name of adviser:				
Dealer group:				
Email address (this em	ail will no longer receive statements or h	nave access to view your investment details):		
Section 4 - Autho	orisation			
Please have existing sign	natories authorise changes in accordance	e with existing signatory instructions below:		
Signature:		Signature:		
Full name:		Full name:		
Title/position: Date:		Title/position: Date:		
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Section 5 - Subm	itting this Form			
Please fax or post this for	orm directly to Warakirri Asset Managem	nent at the details provided below.		
Fax to: Toll Free: 1300 154 460 (Australia) Toll: (+61) 1300154460 (International)				

GPO Box 764 Melbourne VIC 3001

Post to:

Citi Unit Registry – Warakirri Asset Management