

## CHANGE OF PAYMENT FORM

This form is to be used to notify us of any changes to your distribution election and/or bank account.

If you have any queries on how to complete this Change of Payment Form please contact Warakirri on 1300 927 254 or [contact@warakirri.com.au](mailto:contact@warakirri.com.au) for further details.

### Section 1 – Investor Information

Investor name

Investor Account Number(s)

Contact Person:

Name

Telephone

Reason for completing this form:

- Change of Distribution Election (complete Section 2)
- Change of Bank Account Details (complete Section 3)

### Section 2 – Change Distribution Election

Please list the Investor Account Number(s) and tick the relevant distribution election

Fund:	Investor Account Number:	Reinvest Distribution	Cash Payment of Distribution
Warakirri Ethical Australian Equities Fund		<input type="checkbox"/>	<input type="checkbox"/>
Warakirri Global Emerging Markets Fund		<input type="checkbox"/>	<input type="checkbox"/>
Warakirri Ethical Global Equities Fund		<input type="checkbox"/>	<input type="checkbox"/>
Warakirri Concentrated Australian Equities Fund		<input type="checkbox"/>	<input type="checkbox"/>

### Section 3 – Change Bank Account Details

This account must be in the investor's name. Payment to third party bank accounts is not permitted.

Bank account name:	<input type="text"/>
BSB number:	<input type="text"/>
Account number:	<input type="text"/>
Financial institution:	<input type="text"/>

### Section 4 – Authorisation

Please have existing signatories authorise in accordance with existing signatory instructions below:

Signature:
Full name:
Title/position:
Date:

Signature:
Full name:
Title/position:
Date:

### Section 5 – Submitting the Change of Payment Form

Please email or post this form directly to Warakirri Asset Management at the details provided below.

Email to: [contact@warakirri.com.au](mailto:contact@warakirri.com.au)

Post to: Level 2, 53 Queen Street  
Melbourne VIC 3000