

This form should be completed if you wish to change your personal details and/or fund details.

Please refer to the last page for instructions on how to complete this form, the relevant sections should be completed in **BLOCK** letters.

## 1. Investor details (must be completed)

Account Number

I																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Name

Contact phone number

## 2. New contact details

Residential address (must not be a PO Box Number)

Suburb	State	Postcode	Country
--------	-------	----------	---------

Postal address

Suburb	State	Postcode	Country
--------	-------	----------	---------

Home phone number ( )	Business phone number ( )
-----------------------	---------------------------

Mobile phone number	Fax Number ( )
---------------------	----------------

Email address (optional)

Contact name for company or any other entity Mr. / Ms / Mrs. / Miss / Other

Have you moved overseas  Yes  No

If yes please refer to Section 8 as you may need to update your tax status.

## 3. Change of name

Title (please circle) Mr / Ms / Mrs / Miss / Other

New surname

New given names(s)

Old signature (please also sign in section 9 using new signature)

Please attach certified evidence of change of name, e.g. copy of marriage certificate

#### 4. Change of income distribution option

Please nominate how you would like your income distribution paid

New income distribution option  
(please choose at least one of these options)

Name of fund	APIR code	Reinvest income	Pay to bank
Hamilton Investment Fund – Multi Asset Portfolio	HLN0003AU	<input type="checkbox"/>	<input type="checkbox"/>
Newcastle & General Securities Trust		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

#### 5. Nominated Bank Account (Please complete ALL sections)

Account Name:

BSB Number:

--	--	--	--	--	--

Account Number:

--	--	--	--	--	--	--	--	--

Name of Financial Institution

Note: These banking instructions for income distribution will replace those that we may have currently recorded.

#### 6. Annual report options (please tick one option)

I wish to receive the annual report via email each year. (please provide your email address in Section 2)

I don't want to receive the annual report.

I wish to receive a printed copy of the annual report in the mail each year.

#### 7. Quarterly transaction (distribution and annual tax statement options (please tick one option)

Please note this option does not relate to transaction confirmations

I no longer wish to receive paper statements and wish to receive an email notification when my statements are online.

I wish to start receiving a paper copy of my quarterly transaction and distributions statements.

## 8. Tax file number notification/change

You may choose to quote your TFN or claim an exemption in relation to your investment by completing this form. Collection of TFN's are authorised, and its use and disclosure are strictly regulated, by the tax laws and the Privacy Act 1988. It is not compulsory to quote your TFN or TFN exemption, however, we may be required to deduct tax from gross payments including your income distribution at the prescribed rate (at the issue date of this form, this was the highest marginal rate plus Medicare Levy) if you choose not to quote your TFN or claim an exemption.

For more information about the use of TFN's, please contact the Australian Tax Office on 13 28 61.

<input type="checkbox"/>	I wish to quote my TFN	TFN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------------------	------------------------	-----	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<input type="checkbox"/>	I wish to change my TFN	TFN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------------------	-------------------------	-----	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

I do not wish to quote a TFN – Reason for exemption (please tick and provide details)

Pensioner Name of pension

Non-resident Country of residence

Organisation Reason for exemption

Other

I do not wish to quote a TFN exemption

## 9. Signatures (must be completed)

Each signatory confirms that they have been duly authorised to execute this application on behalf of the applicant(s) and that the signing authorities specified below have also been duly authorised.

Individual/Unit holder 1/Director 1	Joint Unit holder 2/Director 2	Joint Unit holder 3/Director 3
Name	Name	Name
Signature	Signature	Signature
If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Sole Director <input type="checkbox"/> Sole director and sole secretary <input type="checkbox"/> Other, please specify below	If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Other, please specify below	If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Other, please specify below
Date	Date	Date

## Instructions for Completing this Form

<b>I wish to change my:</b>	<b>Complete sections</b>	<b>I wish to change my:</b>	<b>Complete sections</b>
Contact details	<input type="checkbox"/> 1, 2 & 9	Annual report options	<input type="checkbox"/> 1, 6 & 9
Name	<input type="checkbox"/> 1, 3 & 9	Statement options	<input type="checkbox"/> 1, 2, 7 & 9
Income distribution option	<input type="checkbox"/> 1, 4, 5 & 9	TFN notification or exemption	<input type="checkbox"/> 1, 8 & 9
Nominated bank account	<input type="checkbox"/> 1, 5 & 9		

### Returning this form

You should return this form either by post or facsimile. Please only use one method of reply.

#### Mail

Hamilton Asset Management Limited  
PO BOX 402  
HAMILTON NSW 2303

**Facsimile:** +61 2 4920 2878

**For more information please telephone 1300 133 836**