

This form should be completed if you are an existing investor and wish to appoint, change or cancel your financial adviser.

Please complete the relevant sections in BLOCK letters.

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

More information:
 Please telephone 02 4920 2877

1. Investor details (must be completed)

Investor Number	
Investor Name	
Contact phone number	

2. Fund Selection

Please indicate which fund this notification applies to.

<input type="checkbox"/> Hamilton Sirius Fund	<input type="checkbox"/> Hamilton Cash Management Trust	<input type="checkbox"/> Newcastle Securities & General Trust
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3. Appoint/Change a financial adviser

I/We wish to advise that I/we have appointed the following financial adviser.

Please note that we may need to contact your financial adviser to complete a financial adviser registration form.

Title		Full name(s)	
Surname			
Contact number		Email address	
Financial adviser company name			
Dealer Group name			
AFSL number			

*if you would like your financial adviser to have access to your account and receive copies of your statements by email, please enter the financial adviser's email address.

4. Cancel a financial adviser

I/We wish to cancel the following financial adviser

Title		Full name(s)	
Surname			
Contact number		Email address	

5. Adviser review fee payment election (investor(s) to complete)

I/We further authorize that the following fees be payable to my/our adviser

- | | |
|--|---|
| <ul style="list-style-type: none"> Contribution fee of up to 2% + GST | % |
| <ul style="list-style-type: none"> Ongoing fee of up to 1% p.a. + GST | % |
| <ul style="list-style-type: none"> No adviser fees to be paid | |

These fees will be calculated and deducted from your investment as explained in each funds current Product Disclosure Statement (which includes the accompanying Information Booklet) or Information Memorandum.

Signature of financial adviser

6. Investor declarations and signature(s) (must be completed)

By completing and signing this form, you:

- Authorise us to act according with the instructions on this form
- Acknowledge that the instruction on this form supersede, and have priority over, all previous instructions received by us, and
- Agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

Investor declarations and signature/s:

- I/We agree that the adviser review fee will be withdrawn from my/our account by a withdrawal of units in quarterly instalments on 15 February, May, August and November (or the next business day) and paid to my adviser.
- I/We agree that the payment will be made on a pro rata basis across all my/our Fund holdings.
- I/We agree that the adviser review fee facility is an agreement I/we have entered into with my adviser.
- I/We acknowledge that Hamilton Asset Management Limited provides this facility in good faith and without charge, and I/we therefore acknowledge that Hamilton is not liable for any errors or omissions in connection with this facility.
- I/We agree that adjustments (if any) in respect of past adviser review fees may relate to any period and may be withdrawn from my/our account at the time/s, and in the same manner, a quarterly adviser review fee is payable.
- I/We agree that the adviser review fee facility may be cancelled by my/our adviser or me/us at any time by providing written notification to Hamilton Asset Management Limited.

Unit holder 1/ (Individual)	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