

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

Please tick the relevant details you wish to change.

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

Email:
investor_services@reepritchard.com.au

More information:
Telephone 02 4920 2877

1. Investor details (must be completed)

Investor Number	<input type="text"/>
Investor Name	<input type="text"/>
Contact phone number	<input type="text"/>

Type of change(s) required

- Contact Details
 Change of Name
 Distribution Option
 Nominated bank account
 Annual Report
 TFN/ABN

2. New contact details

Residential address (must not be a PO Box Number)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Postal Address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Home Phone Number	<input type="text"/>	Mobile Number	<input type="text"/>		
Work Phone Number	<input type="text"/>	Email	<input type="text"/>		
Contact name for company or any other entity					
Have you moved overseas?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, please refer to Section 8 as you may need to update your tax status

3. Change of name

Title	<input type="text"/>	New Surname	<input type="text"/>
New Given Names(s)	<input type="text"/>	Old Signature	<input type="text"/>
Please attach certified evidence of change of name e.g. copy of marriage certificate (please also sign in section 9 using new signature)			

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 Sirius Fund	HLN0002AU	<input type="checkbox"/>	<input type="checkbox"/>
Hamilton Cash Management		<input type="checkbox"/>	<input type="checkbox"/>
Newcastle Securities & General Trust		<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)

<input type="checkbox"/>	I wish to receive the annual report via email each year (please provide your email in section 2)
<input type="checkbox"/>	I wish to receive a printed copy of the annual report in the email each year
<input type="checkbox"/>	I don't want to receive the annual report.

7. Tax file number notification/change

You may choose to quote your TFN or claim an exemption in relation to your investment in Hamilton Sirius Fund by completing this form. Collection of TFN's are authorized, 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 o 13 28 61.

<input type="checkbox"/>	I wish to quote my TFN	
<input type="checkbox"/>	I wish to change my TFN	
<input type="checkbox"/>	I do not wish to quote a TFN – Reason for exemption (please tick and provide details):	
<input type="checkbox"/>	Pensioner	Name of Pension
<input type="checkbox"/>	Non-resident	Country of Residence
<input type="checkbox"/>	Organisation	Reason for Exemption
<input type="checkbox"/>	Other	Details
<input type="checkbox"/>	I do not wish to quote a TFN exemption	

8. 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.

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