



SG HISCOCK & COMPANY

Change of Details form

Please send completed forms to:
SGHinvestorservices@mainstreamgroup.com

or

Mainstream Fund Services – Unit Registry
GPO Box 4968
Sydney NSW 2001
Telephone 1300 133 451

Please complete the relevant sections to update any of your details in the SGH Funds and email or post the form to Mainstream Fund Services

1. Investor details

Investor name:

Investor number

Fund name:

2. Details to be changed

I wish to change the following:

Contact Details TFN and/or ABN

Bank Account Details Distribution Method

Financial Adviser

3. Change of contact details

Please record the follow address details as:

Postal Only Residential Only Postal & Residential

Address

Address

Suburb State Postcode

Mobile Business Phone Number

Email Address

4. Change of bank account details

I wish to nominate the following account to be used for all future payments made for:

Distributions Only Redemptions Only Distributions & Redemptions

Name of Financial Institution

Branch Number Account Number

Account Name

Note: Please attach a copy of bank statement verifying the details provided above.

5. Change of financial adviser details

Please change my record to show that my financial adviser is as follows:

Name of Adviser

Address of Adviser

Phone Number of Adviser

Email of Adviser

Dealer Group

6. Change of TFN/ABN details

I wish to advise the following:

Tax File Number

Australian Business Number

7. Change of distribution preference details

All future distributions are to be:

Reinvested

Direct Credited to my nominated Bank Account

8. Declaration and Signature

- Please sign this form below. This form must be signed as per the current signing instructions that we have on record.
- If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please mail a certified copy, if it has not been previously provided, to Mainstream Fund Services Pty Ltd.

Signature of Investor or Company Officer:

Name:

Title:

Date: __/__/____

A certified copy of the Power of Attorney is being mailed to Mainstream Fund Services Pty Ltd to accompany this form:

Yes

No