

Change of Details Form

PLEASE USE BLOCK LETTERS TO COMPLETE THIS APPLICATION FORM

Investor Number

1. INVESTOR DETAILS

Full Name of Organisation (as submitted in original application)

Mailing Address (as known by CCI Asset Management)

Street or PO Box No. Street Name

Suburb

State

Postcode

Telephone

Fax

Mobile

Email Address

2. CHANGES OF NOMINATED REPRESENTATIVE

I/We agree to appoint the following person/s described below as our nominated representative.

Name in Full (as shown on original authority)

Name in Full (as shown on original authority)

Title

Title

Authorised Signatory

Authorised Signatory

New Nominated Representative - Name in Full

New Nominated Representative - Name in Full

Title

Title

Authorised Signatory

Authorised Signatory

3. CHANGES OF ADDRESS / CONTACT DETAILS

New Address

Street or PO Box No. Street Name

Suburb

State

Postcode

New Contact Details

Telephone

Fax

Email Address

4. CHANGE OF DISTRIBUTION INSTRUCTIONS

Would you like to change the way you receive your distributions? (Please ✓ one of the following)

| | Reinvest | Cheque | Direct Bank Credit |
|-----------------------|--------------------------|--------------------------|--------------------------|
| Catholic Values Trust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Income Trust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have elected to receive your distributions via Direct Bank Credit please complete the details below

Financial Institution

Account Name

Branch

BSB Number

 -

Account Number

5. AUTHORITY

Please sign the below to authorise the above change of details

Authorised Signatory

Title

Name in Full

Date

Authorised Signatory

Title

Name in Full

Date

Contact Us

Mail

CCI Asset Management
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Email

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