

Change of details

Teaminvest access fund

TIP Wealth

1. Investor details

Investor name

Investor number

Contact name

Contact phone

Contact email

! IMPORTANT: Only complete the relevant section for amendment

2. New address details

Tick one of the boxes below and fill in your new address. Please note that PO Box is NOT acceptable as residential address.

Please update my ☐ residential ☐ postal ☐ both residential and postal address as follows:

Residential street number and name

Suburb

State

Postcode

Country (if not Australia)

Postal street number and name

Suburb

State

Postcode

Country (if not Australia)

3. New phone number and/or email address

Select one: ☐ replace my existing email address ☐ add new email address

New email

Select one: ☐ replace my existing phone number/s ☐ add new phone number/s

New phone number

New mobile number

4. New name

! IMPORTANT: Supporting documentation is required to action this request.

Previous name

New name

Previous signature

New signature

Please provide one of the following:

- ☐ A certified copy of my Marriage Certificate issued by the Registry of Births, Deaths and Marriages OR
- ☐ A certified copy of my Change of Name Certificate OR
- ☐ A certified copy of my Marriage Certificate and Decree Nisi (Divorce papers)

5. Nominated Representative/s (Third Party Authority)

! IMPORTANT:

- * I give permission to TIP Wealth to release information to the nominated representative/s.
- * Nominated Representative/s are able to act on behalf of an investor in all matters relating to the Fund/s except closing an account unless there is power of attorney.
- * Each Nominated Representative (non-titled member) must provide 'individual ID documents

Please select which is applicable:

- ☐ This permission replaces any previous written authority I have given TIP Wealth relating to a nominated representatives
- ☐ This permission is to be used in conjunction with any current authority in place

5. Nominated Representative/s (Third Party Authority) cont.

Details

Title [Mr/Mrs/Ms/Dr/Professor/Other]

Surname

Given Name/s

Company name [if nominated person is your accountant or financial advisor]

Daytime contact number

Signature of nominated person

Date [DD/MM/YYYY]

Relationship to member (select one box):

☐ attorney (under a Power of Attorney)☐ The Public Trustee☐ accountant☐ spouse or family member☐ financial advisor☐ guardian☐ other (please specify)

This authority is for

☐ any representative of the organisation **OR** ☐ only the named individual **Mandatory:** If your nominated representative is a financial adviser, you must also complete the section below

AFSL Number

ARN of nominated person

Term of Authority

This authority will remain valid unless it is revoked or you nominate an expiry date.

Nominate an expiry date or leave blank: Expiry Date (optional) [DD/MM/YYYY]

6. Authorisation

I/we instruct TIP Wealth RE No.1 Ltd (TIP Wealth) to effect this request in accordance with the completed instructions set out above. I/we acknowledge that any personal information I/we provide to TIP Wealth will be collected and handled in accordance with the TIP Group privacy policy, a copy of which can be found at www.tipgroup.com.au. If you would like a printed/emailed version please contact TIP Wealth on 1300 160 803 or funds@tipgroup.com.au. By submitting this form or any other paperwork relating to my/our investment I/we consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.

Signature

Signature

Name (please print)

Name (please print)

☐ Individual ☐ Sole Director ☐ Director ☐ Trustee☐ Individual ☐ Sole Director ☐ Director ☐ Trustee

Date [DD/MM/YYYY]

Date [DD/MM/YYYY]

Please note it's up to the investor to ensure TIP Wealth have been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there may be delays in processing of this request

7. Completed form

Please return the completed form to:

- Complete digital form or print, complete and scan before emailing this request to funds@tipgroup.com.au or
- Please **post** this completed form to:

Teaminvest Access Fund
C/- TIP Wealth RE No.1 Ltd
GPO Box 639
Adelaide SA 5001

If you have any questions about this form please contact the TIP Wealth on 1300 160 803 or funds@tipgroup.com.au.