

Change of distribution request Corinthian balanced fund

TIP Wealth

1. Investor details

Investor name

Investor number

Contact name

Contact phone

Contact email

2. Distribution option

Please select one option

Reinvest

Direct debit (Please provide bank details below)

NB: This change will be applied to your holding effective from the date when this request was received by Corinthian Balanced Fund

3. Bank account details

Bank

Swift code

IRAN

BSB

Account number

Account name

4. Authorisation

I/we instruct TIP Trustees LTD 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 Trustees 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 Trustees 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

Date

Please note it's up to the Investor to ensure TIP Trustees has 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 this request

5. 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:

Corinthian Balanced Fund
C/- TIP Trustees
GPO Box 639
Adelaide SA 5001

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