

Request to Appoint or Change a Financial Adviser Form

This form is issued by the responsible entity Trilogy Funds Management Limited ABN 59 080 383 679 AFSL 261425 (Trilogy Funds). Use this form if you are an existing investor and wish to appoint or change a Financial Adviser. Please fill in the relevant sections of this form and include an X in the appropriate boxes to indicate your response.

Account Name:

Investor ID:

This notification confirms my request to alter the Existing Financial Adviser listed on my current investments to the New Financial Adviser whose details appear below.

Section 1: Existing Financial Adviser *if applicable*

Name

Section 2: New Financial Adviser

Licensee name

Business name

AFSL number

Adviser full name

Authorised representative number

Contact name

Business address

Contact phone

Contact email

Section 3: Declaration and certification - *(this section must be signed for this to be processed)*

By signing below I/we declare that:

- I/We understand the consequences of my/our decision to change Financial Advisers and that my/our existing Financial Adviser will:
 - no longer be remunerated (where they are receiving an Ongoing Adviser Fee) for my/our investments following this decision; and
 - no longer have access to my/our information.
- I/We understand that my/our new Financial Adviser will:
 - give me/us advice relating to investments in the future; and
 - have access to my/our information and will therefore be responsible for looking after my/our needs.
- I/We wish to appoint my/our Financial Adviser, as listed in Section 2, to represent and deal with my/our investments.
- I/We hereby release, discharge and agree to indemnify Trilogy Funds from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from Trilogy Funds following my/our instructions on this form and/or the acting upon the instructions of my/our Financial Adviser as appointed on this form.
- I/We authorise the disclosure to my/our Financial Adviser, as appointed on this form, of any information in relation to this form or my/our investments.

- I/We acknowledge that Trilogy Funds will provide all correspondence including reports, statements, personal information and data about my/our investment to my/our Financial Adviser and/or his or her Licensee/dealer group, as appointed on this form, and that Trilogy Funds takes no responsibility for the compliance of my/our Financial Adviser/Licensee in respect of the privacy laws.
- I/We authorise Trilogy Funds to act in accordance with my/our instructions on this form.
- I/We acknowledge that these instructions supersede and have priority over all previous instructions received by me/us.
- I/We hold all necessary approvals I/we require to sign this form to make the nominated changes to my/our account.
- All details provided in this form are true and correct and I/we undertake to inform Trilogy Funds of any changes to the information supplied as and when they occur.
- If this form is signed under a Power of Attorney, the attorney declares that they have not received revocation of that power (a certified copy of the Power of Attorney must be submitted with this form if one has not already been provided).
- I/We may be required to provide additional proof of identification information for the purposes of AML/CTF law.

Signature of Applicant 1		Signature of Applicant 2	
Date		Date	
Given name	Surname	Given name	Surname

How to submit your form

Please email or post your form and all required documents to:

Trilogy Funds Management Limited investorrelations@trilogyfunds.com.au
 GPO Box 1648,
 BRISBANE QLD 4001

Please contact us if you have any questions about the process.

Phone Investor Relations on 1800 230 099 (New Zealand callers phone +800 5510 1230) or email investorrelations@trilogyfunds.com.au