

Request to Change Financial Adviser

This request to change Financial Adviser Form is issued by Trilogy Funds Management Limited ABN 59 080 383 679 AFSL 261425 (Trilogy) as responsible entity of the registered management investment schemes (Trust or Trusts) which you have an investment in and wish to apply the form to. Please fill in all relevant sections of this form and include an X in the appropriate boxes to indicate your response. If you need to correct a mistake, cross out the section to be corrected, accompanied with your full signature.

Account Name:

Investor No:

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.

Existing Financial Adviser

Name

New Financial Adviser

Name

Company

Dealer Group

Contact Name

Mobile

Email

Telephone

Financial Adviser Account Authority *(optional to be completed by the Investor)*

Information relating to your investment is provided to your Financial Adviser. You may wish to provide further authority for your Financial Adviser to transact on your account.

- I/We authorise my/our Financial Adviser to transact on my/our account as if they were the legal and beneficial owner of the account including making further investments in, transfers within or withdrawals from my/our account.

Investor Declaration

I/We wish to confirm that I/We understand the consequences of my decision to change advisers, including:

- I/We understand that my existing Financial Adviser:
 - Will no longer be remunerated for my investments following this decision; and
 - Will no longer have access to my information
- I/We understand that my/our new Financial Adviser will:
 - Give me/us advise relating to investments in the future;
 - Be remunerated for reviewing the appropriateness of investments to my/our needs on a regular basis; and
 - Have access to my/our information and will therefore be responsible for looking after my/our needs.

I/We wish to appoint our new Financial Adviser as noted on this form to represent and deal with my accounts(s).

- I/we acknowledge that all correspondence including personal information and data about my/our investment will be provided to my/our Financial Adviser and/or his or her dealer group, and that Trilogy takes no responsibility for the compliance of my Financial Adviser/dealer group in respect of the privacy laws.
- Investments in the respective Trust are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested.
- Trilogy does not guarantee the repayment of capital or the performance of the respective Trust or any particular rate of return from the respective Trust.
- I/We acknowledge that Trilogy may deliver and make reports, statements and other communications available in electronic form, such as email or by posting on its website.
- I/We hold all necessary approvals I/we require to sign this form to make the investment and hold Units in the Trust.
- and if I/we have made an instruction to Trilogy in this form, then I/we may have agreed with our Financial Adviser to pay an upfront service fee for advice provided to us by my/our Financial Adviser and I/we declare that I/we have received the financial advice to which the upfront service fee relates.

I/We hereby release, discharge and agree to indemnify TrilogY from and against all actions, proceeding, accounts, claims and demands, however arising, resulting from TrilogY acting upon the instructions of my/our Financial Advisers.

SIGNATURE OF INVESTOR		SIGNATURE OF INVESTOR	
<input type="text"/>		<input type="text"/>	
DATE		DATE	
<input type="text"/>		<input type="text"/>	
GIVEN NAME	SURNAME	GIVEN NAME	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Send the Completed form to:

TrilogY Funds Management Ltd
 GPO Box 1648
 Brisbane QLD 4001

investorrelations@trilogYfunds.com.au