

DDH Managed Funds Change of Details Form



Complete this form if you wish to change any of the details listed below.

Please complete form using CAPITAL letters. Complete ALL sections.

I wish to change my:		Complete sections		Complete sections		
	Contact details	<input type="checkbox"/>	1, 2 & 6	Income distribution option	<input type="checkbox"/>	1, 3, 4 & 6
	Nominated bank account	<input type="checkbox"/>	1, 4 & 6	Name	<input type="checkbox"/>	1, 5 & 6

1 Your DDH Graham Limited investor details

Account number

Contact name

Contact number ()

2 Change of contact details

Please fill in your new contact details.

Residential address

State Postcode

Home phone () Work phone ()

Email address

Postal address*

State Postcode

*If different to residential address above

Non residents - please provide an international address in addition to the above address

Residential address

State

Postcode/zipcode

Home phone () Work phone ()

Change of Details Form continued

3

Change of income distribution option

Please nominate how you would like your income distributions paid.

New income distribution option
Please choose one of these options ✓

Name of Fund	Reinvest Income	Pay to Bank
DDH Aggressive Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>
DDH Australian Shares Fund	<input type="checkbox"/>	<input type="checkbox"/>
DDH Balanced Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>
DDH Cash Fund	<input type="checkbox"/>	<input type="checkbox"/>
DDH Conservative Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>
DDH Fixed Interest Fund	<input type="checkbox"/>	<input type="checkbox"/>
DDH Global Fixed Interest Alpha Fund	<input type="checkbox"/>	<input type="checkbox"/>
DDH Preferred Income Fund	<input type="checkbox"/>	<input type="checkbox"/>
Selector Australian Equities Fund	<input type="checkbox"/>	<input type="checkbox"/>
Joseph Palmer & Sons Property Fund	<input type="checkbox"/>	<input type="checkbox"/>

Go to section 4

4

Change of nominated bank account (please complete all sections)

Name of financial institution

Address of financial institution

Account name with financial institution (e.g. JOHN SMITH)

BSB (branch number)

Account number

A/C>

5

Change of name

New title

New first names

New surname

Old signature

SIGN HERE

(Please also sign in section 6 using new signature)

Please attach certified evidence of change of name, e.g. copy of marriage certificate.

Change of Details Form continued

6

Authorised signatories

1st Individual applicant OR director OR office bearer (company signatories must include their company title)

Capacity (if company)

Director

Sole Director and Sole Secretary

Signature

SIGN HERE

Date signed

DDMMYYYY

Full name

2nd Joint individual applicant OR director/secretary OR office bearer (company signatories must include their company title)

Capacity (if company)

Director

Secretary

Signature

SIGN HERE

Date signed

DDMMYYYY

Full name

- Companies signing by duly authorised representatives must provide appropriate documentation showing the proper appointment of the representatives to DDH Graham Limited. Refer to the Authorised Representative Form.
- If signed under Power of Attorney, the attorney hereby certifies that no notice of revocation of that power has been received by the attorney.
- For clubs, charities, churches or unincorporated bodies this form must be signed by the authorised office bearers (e.g. A. Smith - President).

Return your completed Change of Details Form to:

DDH Graham Limited
Reply Paid 330
Brisbane QLD 4001