



Change of details form

INSTRUCTIONS

Use this form to change your contact details, communication preferences, bank account information, distribution method, financial adviser, TFN/ABN, and Third Party Authority. Please only complete the sections in Step 2 as required.

- Black or blue pen please.
- Please use BLOCK letters.
- Print **✓** in the appropriate boxes.

If you have any questions about this form, please contact Apex Fund Services on **1300 133 451**.

Please return the completed form to:

Email: registry@apexgroup.com or post to Apex Fund Services Pty Ltd Attn: Registry GPO Box 4968 Sydney NSW 2001

INVESTMEN	IT DETAILS				
Fund name:	RMC Enhanced Income Fund	Investor number:			
Investor nam	e:		Cont	act number:	
DETAILS TO	BE CHANGED				
DE IT (IES TO	7 DE 31 1/11 (32 D				
Address					
Address					
Suburb				State	Postcode
Country					
Contact de	tails				
Email					
Mobile (incl. a	rea code)	Home phone (incl. area code)		Work phone (incl. area	code)
Communica	ation preferences				
We will period		tions, statements and other mate	rial. Please	indicate your preference	for receiving these
	Doet / Mail				





DETAILS TO BE CHANGED (cont.d)						
Bank account details						
The following account is to be used for all future	re payments relating to:					
☐ Distributions only ☐ Redemptions only	☐ Distributions & Redem	otions (default if n	o box selected)	1		
Account name:						
Account number:			BSB number:	_		
Name of financial institution:						
Name of financial institution:						
IMPORTANT: Please attach a copy of your bar	nk statement so we can verify	the details provid	led above.			
Distribution preferences						
If payment is to be made into a new bank account statement to verify the details provided.	unt, please also complete abo	ve section Bank a	ccount details	and attach a copy of your bank		
Pay into bank account Reinvest						
New financial adviser details						
Fund name						
Address						
Suburb		S	tate	Postcode		
Country						
Email						
Phone number (incl. area code)	Dealer group					
Thore named (mer. area code)	Dedict group					
TFN / ABN details						
TFN:	ABI	J:				
	ADI	•				





Third Party authority					
Name of Third Party					
Address					
Suburb		State		Postcode	
Country					
-					
Email					
Phone number (incl. area code) Contact person (if a	applicable)				
·					
AGREEMENT & DECLARATION					
	ect. I/We are authorise	ed signatories for	the Inves	tor.	
AGREEMENT & DECLARATION I/We declare that all the details in this form are true and corre	ect. I/We are authorise	ed signatories for	the Inves	tor.	
	ect. I/We are authorise	ed signatories for	the Inves	tor.	
☐ I/We declare that all the details in this form are true and corre		ed signatories for	the Inves	itor.	
	ect. I/We are authorise Signature 2	ed signatories for	the Inves	tor.	
☐ I/We declare that all the details in this form are true and corre		ed signatories for	the Inves	itor.	
☐ I/We declare that all the details in this form are true and corre		ed signatories for	the Inves	itor.	
I/We declare that all the details in this form are true and corrections. Signature 1 Name in print	Signature 2		the Inves	itor.	
I/We declare that all the details in this form are true and corre	Signature 2	ed signatories for	the Inves	rtor.	
I/We declare that all the details in this form are true and corrections. Signature 1 Name in print Date: / / /	Signature 2 Name in print		the Inves	/	
I/We declare that all the details in this form are true and corrections. Signature 1 Name in print Date: / / /	Signature 2 Name in print		the Inves	rtor.	
I/We declare that all the details in this form are true and corrections. Signature 1 Name in print Date: / / /	Signature 2 Name in print		the Inves	ritor.	
Signature 1 Name in print Date: / / / /	Signature 2 Name in print Title	Date:			_td (" Apex ")
Signature 1 Name in print Date: / / / / IMPORTANT - SIGNING INSTRUCTIONS:	Signature 2 Name in print Title	Date:			/ _td (" Apex ")
Signature 1 Name in print Date: / / / / Title IMPORTANT - SIGNING INSTRUCTIONS: 1. This form must be signed in accordance with the current signi	Signature 2 Name in print Title	Date:	x Fund Sei	/ rvices Pty I	
Signature 1 Name in print Date: / / / / Title IMPORTANT - SIGNING INSTRUCTIONS: 1. This form must be signed in accordance with the current signinave on record. 2. If the Investor is a company, or a company acting as a trustee directors of the company or one director and the company see	Signature 2 Name in print Title ritle ritle for a trust/fund, the decretary. If the Investor is	Date: Investor that Ape	ex Fund Sel	rvices Pty I	east two
Signature 1 Name in print Date: / / / / Title IMPORTANT - SIGNING INSTRUCTIONS: 1. This form must be signed in accordance with the current signihave on record.	Signature 2 Name in print Title ritle ritle for a trust/fund, the decretary. If the Investor is	Date: Investor that Ape	ex Fund Sel	rvices Pty I	east two
Signature 1 Name in print Date: / / / Title IMPORTANT - SIGNING INSTRUCTIONS: 1. This form must be signed in accordance with the current signinave on record. 2. If the Investor is a company, or a company acting as a trustee of directors of the company or one director and the company sewho is also the sole company secretary, the declaration above. 3. If signed under power of attorney, the attorney certifies that he	Signature 2 Name in print Title for a trust/fund, the decretary. If the Investor is a must be signed by that he/she has not received	Date: Investor that Ape claration above m s a propietary cor t director.	ex Fund Sea aust be sig apany tha	rvices Pty I ned by at Id t has a sole	east two e director attorney.
Signature 1 Name in print Date: / / / Title IMPORTANT - SIGNING INSTRUCTIONS: 1. This form must be signed in accordance with the current signinave on record. 2. If the Investor is a company, or a company acting as a trusteer directors of the company or one director and the company sewho is also the sole company secretary, the declaration above	Signature 2 Name in print Title for a trust/fund, the decretary. If the Investor is a must be signed by that he/she has not received	Date: Investor that Ape claration above m s a propietary cor t director.	ex Fund Sea aust be sig apany tha	rvices Pty I ned by at Id t has a sole	east two e director attorney.

QUESTIONS?

For more information, please contact Apex Fund Services on:

- Australia **1300 133 451**
- International +61 2 8259 8888
- Email registry@apexgroup.com