

Change of details



USE THIS FORM IF YOU ARE AN EXISTING INVESTOR AND WISH TO CHANGE YOUR CONTACT DETAILS, DISTRIBUTION PREFERENCE, BANK ACCOUNT DETAILS OR ANNUAL REPORT OPTION.

Complete the sections in BLOCK capitals and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

1. Please ensure you have completed the following:

- write your account number and account name as it appears on your latest statement in **section 1**
- if you are changing your contact details complete **section 2**
- if you are changing your tax status complete **section 3**
- if you are changing your distribution preference complete **section 4**
- if you are changing your bank account details complete **section 5**
- sign the form as per the '**Signing instructions**' in **section 6**.

2. Send your documents to us.

You can return your form by email or post.

Scan and email to transactions@uethical.com

Please include your account number in the subject line of your email.

Send by post: C\ - < U Ethical >
GPO Box 804
Melbourne VIC 3001
Australia

Client Service contact details

Phone: 1800 996 888 | **Email:** info@uethical.com

1. Investor details

Account number

Account name

2. New contact details

New residential address or registered office address. A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit/Level

Street Number

Street Name

Suburb

State

Postcode

Country

New postal address (if different to residential address). A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit/Level

Street Number

Street Name

Suburb

State

Postcode

Country

New contact details

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

New email address (please use block letters)

This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

3. Tax status

1. Individuals and Sole Traders

Please complete if your tax status has changed

Australian resident Non-resident (Please complete the Tax Information form)

If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

Reason for exemption

2. Companies

Please provide your company registration number (for example Australian Business Number [ABN])

3. Trusts or Superannuation Funds

Please provide information below which is applicable to you.

ABN (applicable if you are a trust or a self managed superannuation fund registered with the Australian Taxation Office)

TFN

Australian Registered Scheme Number (applicable if your trust is registered with ASIC)

4. Change of distribution preference

Please indicate your choice below. If you do not make a choice below, we will reinvest your distribution into the fund. The default bank account will be used unless new bank details are provided in **section 5**.

Fund name	DISTRIBUTION PREFERENCE (indicate preference with an X)	
	Reinvest	Pay to my Australian bank account
Wholesale		
U Ethical International Equities Trust - Wholesale	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Australian Equities Trust - Wholesale	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Growth Portfolio	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Diversified Income Trust - Wholesale	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Enhanced Income Trust - Wholesale	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Cash Management Trust - Wholesale	<input type="checkbox"/>	<input type="checkbox"/>
Retail		
U Ethical Australian Equities Trust	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Cash Management Trust	<input type="checkbox"/>	<input type="checkbox"/>

5. Australian bank account details

Please provide the financial institution account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to a financial institution account held in the name of the investor/s. Payments will not be made into third party financial institution accounts.

Financial institution name

BSB

Account number

Account name

Change of bank account

Please indicate below if you would also like this change in bank account applied to any existing Regular Savings Plan or Periodic Payment Plan you have in place.

Regular Savings Plan

Periodic Payment Plan

Note:

- If you wish to have money paid into the account you are updating here, please wait for confirmation of the updated details to the register before submitting the redemption form.
- Please provide a copy of a bank statement for verification purposes.

6. Signing instructions

By completing and signing this form, you:

- authorise us to act according to the instructions on this form,
- acknowledge that the instructions on this form supersede all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

Who needs to sign this form?

Individual - where the investment is in one name, the account holder must sign.

Joint Holding - where the investment is in more than one name, all account holders must sign.

Companies - where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust - the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney - if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and a Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of investor 1, director or authorised signatory

Date (DD/MM/YYYY) / /

Please print full name

Capacity

Director	<input type="checkbox"/>
Sole director and company secretary	<input type="checkbox"/>
Authorised signatory / Power of Attorney	<input type="checkbox"/>

Signature of investor 2, director or authorised signatory

Date (DD/MM/YYYY) / /

Please print full name

Capacity

Director	<input type="checkbox"/>
Sole director and company secretary	<input type="checkbox"/>
Authorised signatory / Power of Attorney	<input type="checkbox"/>