Perennial Partners

Talented teams, great opportunities.

# Change of Details Form


**Client Services contact details**

**Phone**
Within Australia: 1300 730 032
International: +61 2 8823 2534

**Email**
**perennial.transactions@unitregistry.com.au**


**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.**

Please 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 investor 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 forms by post or email according to the details below:

   Send by post: Perennial Trusts
   Registry Services
   GPO Box 804
   Melbourne VIC 3001

   Scan and email to: **perennial.transactions@unitregistry.com.au**

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


Perennial Investment Management Limited (PIML) ABN 13 108 747 637, AFSL 275101 is the Responsible Entity and issuer of this change of details form.

# 1. Investor details

Investor 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 (or PO Box or other mail details if applicable)

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 specify country of residence)

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

If you have changed your status for US tax purposes, please contact us for a Tax Information form.

**2. COMPANIES**
Please provide your 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 trust.

| Trust name | APIR/ARSN Code | Distribution option (indicate preference with an X) | |
|---|---|---|---|
| | | Reinvest | Pay to my Australian bank account |
| Perennial Future of Healthcare Fund | AUS9268AU | ☐ | ☐ |
| Perennial Global Resources Trust | WPC1326AU | ☐ | ☐ |
| Perennial Income Generator Active ETF | 623 311 419 | ☐ | ☐ |
| Perennial Microcap Resources Trust | WPC0911AU | ☐ | ☐ |
| Perennial Strategic Natural Resources Trust | WPC3240AU | ☐ | ☐ |
| Perennial Value Microcap Opportunities Trust | WPC3982AU | ☐ | ☐ |
| Perennial Value Shares For Income Trust | IOF0078AU | ☐ | ☐ |
| Perennial Value Shares Wholesale Trust | IOF0206AU | ☐ | ☐ |
| Perennial Value Smaller Companies Trust | IOF0214AU | ☐ | ☐ |

# 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

Branch name

BSB number

Account number

Account name

### Regular savings plan – change of bank account

☐ Tick here if this account is also to be used for your regular savings plan. If this box is not ticked, we assume you do not have a regular savings plan or that you wish for your existing regular savings plan back account details to remain unchanged.

### 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 with 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 of the 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 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**

Please print full name

Date (DD/MM/YYYY)

DD / MM / YYYY

Company officer (please indicate company capacity)

- ☐ Director
- ☐ Sole director and company secretary
- ☐ Authorised signatory

**Signature of investor 2, Director/Company Secretary or Authorised Signatory**

Please print full name

Date (DD/MM/YYYY)

DD / MM / YYYY

Company officer (please indicate company capacity)

- ☐ Director
- ☐ Company secretary
- ☐ Authorised signatory