

Third Party Access Request



La Trobe Australian Mortgage Fund ARSN 088 178 321

PLEASE USE BLOCK LETTERS

Account Name _____ Account No. _____

Contact Name _____

Third Party Access

I/We authorise third party access to my/our investment account for the person named below. NB – This allows this person to discuss your investments in the Fund. This authority does not give this person the power to make or withdraw investments or transact on your account.

Third Party Details

Full Name/s _____

Date of Birth _____

Telephone _____

Important note - ALL parties on the account must sign below

Investor/Authorised Signatories

Signature of Individual Director Secretary

Signature of Individual Director Secretary

Signature

Full Name

Date

Signature

Full Name

Date

place common seal here if required

do not sign here

Signature

Full Name

Date

Signature

Full Name

Date

Return completed, signed form to:

**The Manager, Investor Services Fax: (03) 8610 2850
La Trobe Financial Services
GPO Box 2289
Melbourne VIC 3001**

Enquiries

**Email: investor@latrobefinancial.com.au
Toll Free: 1800 818 818**

Data Entered By:	Authorised By:	Date Processed
Office Use Only		