

# Request to Change Authorised Representative



La Trobe Australian Mortgage Fund ARSN 088 178 321

PLEASE USE BLOCK LETTERS

Investor Name \_\_\_\_\_ Investor No. \_\_\_\_\_

**This notification confirms my request to alter the 'existing' Authorised Representative listed on my current investments to the new 'appointed' Authorised Representative whose details appear below.**

## Existing Authorised Representative

Name \_\_\_\_\_

## New Authorised Representative

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

## Investor/Authorised Signatories

**I confirm that I understand the consequences of my decision to change Authorised Representatives, including:**

I understand that my 'existing' Authorised Representative

- will no longer be remunerated for my investments once my current investments expire;
- will no longer have access to my information.

I understand that my 'appointed' Authorised Representative will

- refer investments to me in the future;
- be remunerated for their services;
- have access to my information and will therefore be responsible for looking after my needs.

## Investor/Authorised Signatories

Signature of  Individual  Director  Secretary      Signature of  Individual  Director  Secretary

_____ Signature	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">place common seal here if required</div>  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">do not sign here</div>	_____ Signature
_____ Full Name		_____ Full Name
_____ Date		_____ Date

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