

Request to Change Financial Adviser



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' adviser listed on my current investments to the new 'appointed' adviser whose details appear below.

Existing Financial Adviser

Name _____

New Financial Adviser

Name _____

Business Name _____

Business Address _____

Telephone () _____ Mobile _____

Email _____

Investor/Authorised Signatories

I confirm that I understand the consequences of my decision to change advisers, including:

I understand that my 'existing' adviser

- will no longer be remunerated for my investments following this decision;
- will no longer have access to my information.

I understand that my 'appointed' adviser will

- give me advice relating to investments in the future;
- be remunerated for reviewing the appropriateness of investments to my needs on a regular basis;
- 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

<p>_____ Signature</p> <p>_____ Full Name</p> <p>_____ Date</p>	<p><i>place common seal here if required</i></p> <p><i>do not sign here</i></p>	<p>_____ Signature</p> <p>_____ Full Name</p> <p>_____ Date</p>
---	--	---

Data Entered By:	Authorised By:	Date Processed
------------------	----------------	----------------