

# Request to Change Financial Adviser



La Trobe Australian Credit 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 B/H \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

## Payments to your new Financial Adviser (optional to be completed by the Investor)

You may instruct us to make certain payments to your new Financial Adviser as follows:

**Upfront payment:** \_\_\_\_\_ % Repeat payment for subsequent investments  
(Paid upon initial investment from your investment capital)

**Ongoing payments:** \_\_\_\_\_ % p.a.  
Please refer to page 46 of the PDS for further explanation.

I instruct La Trobe Financial to deduct the Upfront payment amount from my account following my investment/s and/or deduct the Ongoing payment on a regular basis.

## 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
_____				_____			
Signature				Signature			
_____				_____			
Full name				Full name			
_____				_____			
Date				Date			

*Place common seal  
here if required*

*do not sign*

## Return completed, signed form to

The Manager, Investor Services  
La Trobe Financial Services  
GPO Box 2289  
Melbourne VIC 3001

Fax: (03) 8610 2851

## Enquiries

Email: [advisersupport@latrobefinancial.com.au](mailto:advisersupport@latrobefinancial.com.au)

Toll Free: 1800 818 818

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