

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

**Investor Number** \_\_\_\_\_

**Account Name** \_\_\_\_\_

**New Bank Account Details (Must be in the name of the investor)**

Bank account name \_\_\_\_\_

Bank account holder(s) name(s) \_\_\_\_\_

BSB \_\_\_\_\_

Account number \_\_\_\_\_

Bank/Branch \_\_\_\_\_

**NOTE:** We will process a change of bank account request once we have successfully confirmed and verified the request with the investor.

**Investor/Authorised Signatures**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Full name \_\_\_\_\_

Full name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

RETURN COMPLETED, SIGNED FORM TO:

**La Trobe Financial**  
**GPO Box 2289**  
**Melbourne Victoria 3001 Australia**  
OR  
**investor@latrobefinancial.com.au**

ENQUIRIES:

For all enquiries please email: **investor@latrobefinancial.com.au**  
Toll Free: **1800 818 818**