

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.

You may wish to authorise someone to have third party access to your investments.

By completing this form, you can either authorise a person to:

- receive information and transact on your account with the same authority and powers as you have, other than changing your nominated bank account details; or
- receive information only in relation to your account (ie: no power to transact).

PLEASE SELECT YOUR PREFERRED OPTION HEREUNDER

Account enquiry access only

I/We authorise account enquiry access to my/our investment account for the person named below. NB – Your authorisation allows this person to receive information from us in relation to your investment and discuss your investments in the Fund. Your authorisation does not give this person the power to make new investments or change existing investments or to withdraw funds from or transact on your account.

Full name of Investor Representative

Signature of Investor Representative

Contact phone number

Contact email

Appointment of Investor Representative

I/We authorise the person named below to be our Investor Representative with powers to transact on my/our account as if they were the legal and beneficial owner of the account including making further investments in, transfer within or withdrawals from my/our account.

Full name of Investor Representative

Signature of Investor Representative

Contact phone number

Contact email

Investor Number

Full Investor Account Name

_____	_____
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DECLARATION

I/We have read the section on Third Party Access to Your Account in the Product Disclosure Statement and agree to be bound by those terms and conditions.
 I/We wish to appoint the above named Investor Representative to represent and deal with my/our account(s) pursuant to the authorisation(s) selected above. I/We hereby release, discharge and agree to indemnify La Trobe Financial and the Investment Manager from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from La Trobe Financial and/or the Investment Manager acting upon the instructions contained in this form of my/our Investor Representative and/or the release of information to our Investor Representative.

Important note – ALL parties on the account must sign below:

Full name of Investor	Full name of Investor
_____	_____
Signature of account holder	Signature of account holder
_____	_____
Date	Date
_____	_____

Office use only

Data entered by	Authorised by	Date processed
_____	_____	_____