

Change of Investor Account Details



La Trobe Australian Credit Fund ARSN 088 178 321

I wish to change my:

Contact details
Sect 1, 3, 8

Financial Institution account
Sect 1, 4, 8

Annual Report option
Sect 1, 6, 8

Income Distribution option
Sect 1, 4, 8

Tax File Number
Sect 1, 5, 8

Additional changes
Sect 1, 7, 8

1. Investor Number

2. Investor(s) Name

Investor 1 _____

Investor 2 _____

3. Contact Details

Old Address _____ p/code _____

New Address _____ p/code _____

Telephone B/H _____ A/H _____ Fax _____ Mobile _____

Email _____

4. Income Distribution

Please issue my/our income distribution payment as detailed below:

Reinvest income in my/our account

Pay income to the financial institution account shown below

Financial Institution Details

Financial Institution Name _____

Branch _____

BSB _____ Account No _____

Account name _____

NOTE: We are unable to update your bank account details until we have verbally confirmed the change.

5. Tax File Number(s) (TFN)

Name Investor 1	Name Investor 2	Name of Company or Other Entity
TFN	TFN	Company or Other Entity TFN
TFN Exemption Category Please indicate A, B, C or D <input type="checkbox"/> (refer Sect 10 of PDS)	TFN Exemption Category Please indicate A, B, C or D <input type="checkbox"/> (refer Sect 10 of PDS)	To obtain a copy of the PDS please call 1800 818 818 or download from our website: latrobefinancial.com.au

6. Annual Report

You may elect to receive the annual report for the Fund each year free of charge, by ticking the appropriate box below.

email (please provide your email address) OR

printed copy by mail

Alternatively, you may access the annual report form the website www.latrobefinancial.com.au
If left blank or you select 'No' you will not be sent the annual report.

7. Additional Changes

8. 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: investor@latrobefinancial.com.au or
advisersupport@latrobefinancial.com.au

Toll Free: 1800 818 818

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