

# Account Amendment Form



Your success. Our priority.

Use this form to amend the details in relation to your Investment Account. Your instruction on this Form will override any instructions previously given for your account and will apply to all your investments held within a Fund managed by Ironbark Asset Management (Fund Services) Limited.

Please complete and send to:  
Ironbark Asset Management (Fund Services) Limited  
C/O Link Market Services  
PO Box 3721  
Rhodes NSW 2138  
P: 1800 034 402  
F: 02 9287 0368  
E: ironbark@linkmarketservices.com.au

## CONTACT DETAILS (Person completing this form)

Investor

Financial adviser

Name	<input type="text"/>
Phone (business hours)	<input type="text"/>
Mobile	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

## INVESTOR DETAILS

Investor number	<input type="text"/>
Account name	<input type="text"/>
Fund name	<input type="text"/>

## NEW ACCOUNT DETAILS (Complete this section to change contact details)

This change will be applied to all investments under this investor number.

Residential address	<input type="text"/>	
	<input type="text"/>	
State	<input type="text"/>	Postcode <input type="text"/>
Postal address (if different from above)	<input type="text"/>	
	<input type="text"/>	
State	<input type="text"/>	Postcode <input type="text"/>
Email	<input type="text"/>	

### Investor A

Phone (business hours)	<input type="text"/>
Mobile	<input type="text"/>
Phone	<input type="text"/>

### Investor B

Phone (business hours)	<input type="text"/>
Mobile	<input type="text"/>
Phone	<input type="text"/>

## CHANGE OF NAME (Complete this section with your updated details)

Please attach an original **CERTIFIED COPY** of your marriage certificate or deed poll.

Name	<input type="text"/>	
Old signature	<input type="text"/>	New signature <input type="text"/>

**PROVIDE TAX FILE NUMBER (TFN), AUSTRALIAN BUSINESS NUMBER (ABN)**

If you have not previously provided your TFN or ABN and wish to add it to your account please complete this section

**TFN of Investor A**                       -    -

**TFN of Investor B**                       -    -

**ABN**                                      -    -    -

Reason for exemption (If a foreign resident for tax purposes, please specify country of residence)

Collection of tax file numbers is authorised, and its use and disclosure are strictly regulated, by the tax laws and Privacy Act. Quotation is not compulsory but tax may be taken out of your distribution if you do not quote your tax file number or claim an exemption. For more information about the use of tax file numbers please contact your nearest Tax Office.

**DISTRIBUTION OPTION** (Complete this section to change your distribution option)

This will apply to all Funds, unless special instructions are supplied in an attached signed schedule.

Reinvest

Pay to bank account in section below

**NEW FINANCIAL INSTITUTION ACCOUNT DETAILS** (Complete this section to change your financial institution account details)

Withdrawals

Distributions

Name of Australian financial institution

Branch name

BSB

Account number

Account name

Please cross to indicate how you would like to receive information about your investment eg. transaction statements

Post

Email

The annual financial report is available online at [www.ironbarkam.com/reservices/columbiathreadneedlefunds](http://www.ironbarkam.com/reservices/columbiathreadneedlefunds) by 30 September each year.

\*\*\*Cross here if you would also like to receive a hard copy.

**Signature Investor 1**

**Signature Investor 2**

Print name

Print name

Date

Date