

Change of Trustee Form

TRILOGY FUNDS MANAGEMENT PTY LIMITED

I/We request the details held with Trilogy Funds be changed as follows: Complete details where appropriate.

Investor Number		Tax File Number / ABN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Superannuation Fund / Trust Name			
<input type="text"/>			
<input type="text"/>			
Former Trustee Details			
<input type="text"/>			
<input type="text"/>			
New Trustee Details – Individual(s)			
Trustee 1			
<input type="text"/>			
Date of Birth		Residential Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Trustee 2			
<input type="text"/>			
Date of Birth		Residential Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
New Trustee Details – Corporate			
Company Name			
<input type="text"/>			
ABN		Residential Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Operating Authority			
Sole Signatory	<input type="text"/>	Any One Signatory	<input type="text"/>
		Both Signatories	<input type="text"/>
Other (please specify)	<input type="text"/>		
Contact Details			
Home Phone		Work Phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax		Email	
<input type="text"/>	<input type="text"/>		

Bank Account Details

Account Name

Account Number

Bank Name

Branch

BSB

Signatures

Authorised Signatory 1

Date

Authorised Signatory 2

Date

Please return your completed form to:

**Trilogy Funds
GPO Box 1648
BRISBANE QLD 4001**