



Change of Details Form

MLC Wholesale Inflation Plus portfolios

Before completing this form you should check you have read the latest up to date information for the MLC Wholesale Inflation Plus portfolios (Portfolios), by ensuring you have the current Product Disclosure Statement (PDS), Product Guide or any website updates for the Portfolio(s). A copy of the PDS, Product Guide and any website updates are available free of charge from www.mlcinvestmenttrust.com.au or from your financial adviser.

Section 1 must be completed regardless of whether changes have occurred.

Please note where information is not provided, existing information will prevail.

If there are changes to investor(s) and/or organisation names in section 1 and you are NOT lodging this Change of Details Form through an Approved Australian Financial Adviser, you are required to provide us with certified copies of the **identity verification documents** listed in section 11 of the Initial Application Form, which is available by downloading from the website www.mlcinvestmenttrust.com.au or from your financial adviser.

1. Investor details

Investor number

1A. Investor 1 – Individual / Joint investor 1 / Sole trader / Individual trustee 1

Title

Full given name(s)

Surname

Phone number (business hours)

Facsimile

Email address

1B. Investor 2 – Joint investor 2 / Individual trustee 2

Title

Full given name(s)

Surname

Phone number (business hours)

Facsimile

Email address

1. Investor details continued

1C. Companies / Associations / Trusts / Superannuation funds / Partnerships / Government bodies / Registered co-operatives

Name

Account designation

Trustee / Director / Partner name(s)

Contact person name*

Contact person phone number

Contact person email

* Please provide details of the person we should contact regarding this form.

2. New postal address

If you have a different postal address, please complete this section.

All future communications regarding this account will be delivered to the new address below. Please attach a schedule if more delivery addresses are required.

C/- (if applicable)

Unit number

Street number

Street name or PO Box

Suburb

State

Postcode

Country

3. Communication via email

By providing your email addresses in 1A, 1B and/or 1C, you agree that we may use this address to provide you with information about your investment (such as transaction confirmations, statements, reports and other material). From time to time we may still need to send you letters in the post.

If you would prefer to receive a paper copy of all disclosures, please cross (X) this box.

4. New distribution option**

Complete this section to change details.

This will apply to all units: Reinvest income distributions for additional units OR Pay to bank account nominated in section 5.

** All payments and transactions by the Portfolio(s) are in Australian dollars. Payments into non Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non Australian resident investors should seek advice from their banking institution.

5. Withdrawal proceeds and income distributions**

Complete this section to change your bank account details and/or if you chose 'pay to bank account' in section 4.

Name of Australian bank or financial institution

Branch

Name in which the account is held*

BSB number

Account number

By providing your bank account details in this section, you authorise MLC Investments Limited (MLCI) to use these details for all distribution and withdrawal requests that you nominate.

** All payments and transactions by the Portfolio(s) are in Australian dollars. Payments into non Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non Australian resident investors should seek advice from their banking institution.

* The name must be the same as the investor's name. For joint investors, it must be a joint account.

6. Financial adviser remuneration

Do you wish to pay your financial adviser an adviser service fee?

No Go to section 7

Yes Complete the details below

I/We request, until further notice from me/us, that MLCI deduct adviser service fees from my/our investment account to pay my/our financial adviser as set out below.

I/We acknowledge that any adviser service fee amount will be paid to the financial adviser's account nominated in section 7. (Please provide adviser bank account details in section 7).

I/We understand and consent to this amount being shared with other parties as outlined by my financial adviser.

One-off fixed dollar fee

Please nominate the one-off fixed dollar amount you wish to pay your financial adviser.

AND/OR

Adviser service fee per contribution

This fee is deducted from every contribution to your investment. Please nominate the percentage amount of each contribution you wish to pay your financial adviser.

 % per contribution (max 3.3%)

AND/OR

Quarterly adviser service fee

This fee is calculated on your investment balance on a quarterly basis and deducted quarterly from your investment. Please nominate the percentage or dollar amount you wish to pay your financial adviser.

 % per annum (max 1.1%) **OR** per annum

Note: The amount that will be paid to your financial adviser is inclusive of GST. Government legislation prohibits advisers charging percentage based advice fees to retail clients where new investments are purchased from 1 July 2013 with borrowed amounts.

7. Financial adviser details

I/We agree that information relating to my/our investment may be supplied to my/our financial adviser.

No Please do not provide information.

Yes Please provide information.

Please provide copies of all transactions to my/our financial adviser. If no election is made no copies will be sent.

No

Yes

Financial adviser name

Dealer group

Dealer branch

ABN

AFSL No.

Contact phone no.

Financial adviser's address

Email address

Financial adviser bank account details (Australian financial adviser only)

Name of Australian bank or financial institution

Branch

Name in which the account is held

BSB number

Account number

Your remuneration will be paid into the above bank account. Please only provide your bank account details if applicable. You must obtain and document the investor's clear consent where the adviser service fee is received by your Licensee and subsequently paid to you.

7. Financial adviser details continued

Customer identification program (Approved Australian Financial Adviser only*)

ID document details	
Document 1	Document 2 (if required)
Verified from <input type="checkbox"/> Original <input type="checkbox"/> Certified copy	Verified from <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	Document issuer
Issue date <input type="text"/> / <input type="text"/> / <input type="text"/>	Issue date <input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry date <input type="text"/> / <input type="text"/> / <input type="text"/>	Expiry date <input type="text"/> / <input type="text"/> / <input type="text"/>
Document number	Document number
<input type="text"/>	<input type="text"/>
Accredited English translation <input type="checkbox"/> N/A <input type="checkbox"/> Sighted	Accredited English translation <input type="checkbox"/> N/A <input type="checkbox"/> Sighted

By signing this section, I declare that I am an aligned adviser with NAB and/or my Dealer group has a current agreement with MLCl in relation to AML/CTF customer identification program (Approved Australian Financial Adviser). I declare that the attached document(s) are true copies of the document(s) used to satisfy the identity verification requirements and that I have sighted either the original or a certified copy of the original document(s). I declare that I have complied with my obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

Name

Signature

	Date (DD/MM/YY)
	<input type="text"/> / <input type="text"/> / <input type="text"/>

FINANCIAL
ADVISER'S
STAMP

* This section can only be signed if you are an aligned adviser with NAB and/or your Dealer group has a current agreement with MLCl in relation to AML/CTF Act customer identification program. If you do not satisfy these requirements please contact Client Services on **(02) 9936 4577**.

8. Interested parties

The following parties may receive information relating to this investment.

The following parties no longer receive information relating to this investment.

Name

Company

Email

Phone

Delivery address

Unit number

Street number

Street name or PO Box

Suburb

State

Postcode

Country

Please provide copies of all transactions and investor statements to the interested parties.

Please attach a schedule if more space is required.

9. Declaration and signatures

By signing this form I/we acknowledge that I/we have read and understood the current and relevant PDS and Product Guide to which this form relates and I/we agree to be bound by the relevant PDS, the Product Guide and the Constitution, each as replaced, supplemented or updated from time to time. I/We declare that all the details provided on this form are true and correct.

If this form is signed under a power of attorney, the attorney declares that he/she has not received notice of revocation of that power. A certified copy of the Power of Attorney and FSC individuals identification form (listed under 'Guidance Note No. 24' on FSC website www.fsc.org.au/standards-guidance/financial-services-council-guidance-notes.aspx) for the attorney should be submitted with this form unless MLCI has already sighted it.

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Investor 2	<input type="checkbox"/> Individual trustee 2
<input type="checkbox"/> Attorney 1#	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Attorney 2#	<input type="checkbox"/> Partner 2
<input type="checkbox"/> Sole director*	<input type="checkbox"/> Director 1*	<input type="checkbox"/> Secretary*	<input type="checkbox"/> Director 2*
<input type="checkbox"/> Authorised signatory*†		<input type="checkbox"/> Authorised signatory*†	

Name <input style="width: 95%;" type="text"/>	Name <input style="width: 95%;" type="text"/>
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Signature <input style="width: 95%; height: 30px;" type="text"/>	Signature <input style="width: 95%; height: 30px;" type="text"/>
Date (DD/MM/YY) <input style="width: 80%; height: 20px;" type="text"/>	Date (DD/MM/YY) <input style="width: 80%; height: 20px;" type="text"/>

* For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.
 † An **Authorised Signatory List** must have been previously provided by the organisation.
 # Attorney's signature(s) must be witnessed below.

Signature of witness to Attorney 1

(Witness must be third party, ie not investor or attorney)
 I declare I have witnessed the signature of the named attorney

Witness name

<input style="width: 95%; height: 30px;" type="text"/>	Date (DD/MM/YY) <input style="width: 80%; height: 20px;" type="text"/>
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Address
 Street address

Suburb <input style="width: 95%;" type="text"/>	Postcode <input style="width: 95%; height: 20px;" type="text"/>	State <input style="width: 95%; height: 20px;" type="text"/>
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Signature of witness to Attorney 2

(Witness must be third party, ie not investor or attorney)
 I declare I have witnessed the signature of the named attorney

Witness name

<input style="width: 95%; height: 30px;" type="text"/>	Date (DD/MM/YY) <input style="width: 80%; height: 20px;" type="text"/>
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Address
 Street address

Suburb <input style="width: 95%;" type="text"/>	Postcode <input style="width: 95%; height: 20px;" type="text"/>	State <input style="width: 95%; height: 20px;" type="text"/>
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Please return your completed form to: National Australia Bank, Attn: Registry Services, GPO Box 1406, Melbourne, VIC 3001, or fax to 1300 365 601. If you have any questions, please contact Registry Services on **1300 761 354**.