

Investors Mutual Limited Funds

ABN 14 078 030 752
AFSL 229988

Change of Details Form

Use this Form to change your investor account details for your investment in one of the Funds below. Please complete a separate Change of Details Form for each Account that you would like to change details for. Prior to completing this Form, please consider the current Product Disclosure Statement and Investment Guide which can be found at our website www.Impl.com.au

If you have questions about completing this Form please contact Investors Mutual Limited ("IML") on 1300 551 132.

1. Unit Holder Details

Account name (in full)

Account No

2. Reasons For Completing This Form

(Please Tick One Box)

- Address/Contact details
 Distribution election
 Financial institution account
 Information that you will receive from us
 Financial Adviser or Administrator details
 Signing authority

3. Address/Contact Details

a) Residential/Registered Street Address/Principal Place of Business Address (a PO Box cannot be provided and Financial Adviser details are not accepted)

Address

Suburb

State

Postcode

Country

b) Contact details (Financial Adviser details are not accepted) Please tick box if the same as above

Address

Suburb

State

Postcode

Country

Email

Phone

Mobile

Under the Corporations Act 2001 (Cwlth), we are obliged to provide Product Disclosure Statements directly to the Investor or your agent, as long as your agent is not a financial adviser or representative of an Australian Financial Services License.

4. Distribution Election

Distributions are to be:

- reinvested in additional units
 paid in cash to the financial institution account for this investment

Please ensure IML have financial institution account details on file. These can be provided or updated in Section 6. Your election here will override any previous instruction.

5. Financial Institution Account Details

We are unable to complete your request where there is a difference between the account name and the Investor(s) name. If you provide updated financial institution account details we must receive this instruction in its original format (i.e. by post).

Financial Institution

BSB

Account No.

Account name

Your financial institution account must be an Australian bank/financial institution. The Investor must be named in the account name for a payment to be made into that account.

6. Information That You Will Receive From Us

We are required by law to send transaction confirmations, holding summaries and continuous disclosure documentation directly to the Investor.

Please indicate how you wish to receive this information from us: (Please Tick One Box)

Email Post SARA Web – secure client website. We do not have SARA Web access and would like to see our transactions and account balance online

You must provide an email address in Section 3.

7. Access To Your Account Information

By completing this section you give consent to the below Financial Adviser and/or Administrator to access your information.

Name of Adviser

AFSL

Name of Advisory Firm

Address

Suburb

State

Postcode

Country

Email

Phone

Mobile

If you nominate an individual contact within an Advisory or Administrative Firm we deem that you give your authority to the firm and not the individual contact.

Name of Administrative Firm

Contact Name

Mailing Address

Suburb

State

Postcode

Country

Email

Phone

Mobile

8. Signing Authority

(Please Tick One Box) – For signing authority on withdrawals, transfers, switches or change of account details:

Any one Director/Investor to sign All Investors to sign

9. Declaration & Signatures

I/We acknowledge and declare that:

All the information provided on this form is true and correct;

I/We have read and understood the current Product Disclosure Statement (PDS) and Investment Guide (IG) to which the form relates;

I/We agree to be bound by the terms and conditions of the current PDS, IG and the Constitution for each Fund in which I/we apply for units, as amended from time to time;

I/We consent to the use of my/our personal information in accordance with the 'Privacy' section of the current PDS and IG, including the provision of information to my nominated Financial Adviser and/or Administrator;

If signing as an agent or attorney on behalf of the Investor, you warrant that you are acting under a Power of Attorney or operating authority granted by the Investor and have no knowledge of revocation or suspension of that power by the Investor or the death or mental incapacity of the Investor.

Signature	Date
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>
Name and company title if relevant (e.g. Director, Secretary)	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>
Name and company title if relevant (e.g. Director, Secretary)	
<input type="text"/>	

10. Send Your Completed Instruction To:

Send your completed form to:

RBC Investor Services Trust
Registry Operations
GPO Box 4471
Sydney NSW 2001
Australia
Fax +61 2 8262 5492.

If you have advised us of new financial institution account details or a change to signing authority from your original application you must mail the signed original Form – we cannot accept a fax, email or copy to change these details.

The information within this Form is taken at face value. Any discrepancies within the instructions are only raised through usual processing.