

Client Services contact details

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Appoint, Change or Cancel a Financial Adviser Form Cor Capital Fund

Use this form if you are an existing investor and wish to appoint, change or cancel your financial adviser. You can also use this form to change their details (such as their address) or to start or change the way your financial planner is paid from your investment.

Please complete all sections in block capitals and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

1. Instructions if you are appointing, change or cancel a financial adviser.

If you wish to appoint, change or cancel a financial adviser, the following needs to be completed:

- write your account number and account name as it appears on your latest statement
- complete section 2 'Appoint, change or cancel a financial adviser'
- sign the form as per the 'Signing instructions' in section 4.

2. Instructions if you are changing the way your financial adviser is paid from your investment.

If you want to change the way your financial adviser is paid from your investment, the following needs to be completed:

- write your account number and account name as it appears on the latest periodic statement or transaction statement
- sign the form as per the 'Signing instructions' in section 5.

3. Send your documents to us.

You can return your form by post or email according to the details below:

Send by Post: Cor Capital Fund

GPO BOX 804 Melbourne VIC 3001

Scan and email to: corcapital_transactions@onevue.com.au

Please include your account number in the subject line of your email.

1. Investor details	Appointment of a financial adviser
Account number Account name	This section should be completed by your financial adviser. Your financial adviser will have online access to your account. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below. Email address
	Email dddress
 2. Appoint, change or cancel a financial adviser I/We wish to: Appoint/change a financial adviser Cancel a financial adviser Please provide details of your financial adviser. 	Notice to financial adviser by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on this product. If you would like to register for adviser online to view your client's investment information, please complete the below.
Dealer group name	Financial adviser contact details
Adviser name	Business address A PO Box/RMB/Locked Bag is not acceptable.
AFSL number	Property name/building name (if applicable)
Authorised representative number	Unit Street number
	Street name
3. Operating your account	
Do you want your financial planner to be able to operate your account?	Suburb State
Yes No	Post code Country
In general, an appointed financial planner can do everything you can do with your investment, except appoint another person to operate your account. It is important to tell us promptly if you no longer wish your financial planner to operate your account, or if your financial adviser changes – we will and OneVue will keep accepting their instructions until you or they advise us in writing that the appointment has terminated.	Postal address (if different to residential address) A PO Box/RMB/Locked Bag is acceptable. Property name/building name (if applicable) Unit/Level Street number
We or OneVue may suspend or terminate their appointment for any reason considered reasonable, and may change the terms on which they operate your account.	Street name (or PO Box or other mail details if applicable)
You indemnify us from any loss you, we or OneVue suffer as a result of the actions of your appointed financial planner, and agree to ratify their actions if we ask.	Suburb State Post code Country
	Contact details
	Business number (include country and area code)
	Mobile number (include country code)

Adviser Signature	Signature of investor 1, director or authorised signatory
Please print full name	Please print full name
Date (DD/MM/YYYY) 4. Signing instructions By completing and signing this form, you • authorise us to act according with the instructions on this form • acknowledge that the instructions on this form supersede, and have priority over, all previous instructions received by us, and	nstructions and signing this form, you rise us to act according with the instructions on rm Company officer (please indicate company capacity) Director Sole director and company secretary Authorised signatory Signature of investor 2, director/company secretary or authorised signatory or authorised signatory
 agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form. 	Please print full name
Who needs to sign this form	Date (DD/MM/YYYY)
Individual – where the investment is in one name, the account holder must sign.	Company officer (please indicate company capacity) Director
Joint Holding – where the investment is in more than one name, all of the account holders must sign.	Sole director and company secretary
Companies – where the company has a sole director who is also the sole company secretary, this form must be signed by	Authorised signatory

which the form is signed. **Trust –** the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in

Power of Attorney – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.