



#### Client Services contact details

**P** +61 3 9221 6255

**E** [contact@corcapital.com.au](mailto:contact@corcapital.com.au)

## Change of Name Form

Cor Capital Fund

**Use this form if you are an existing investor and wish to correct your name. Do not use this form if you wish to transfer your investment to someone else.**

**1. 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.**

Please double check that you have completed the following:

- written your account number and account name as it appears on your latest periodic or transaction statement
- completed and signed the name change section relevant to you.

**2. Collect and certify the documents needed to identify and verify the name change. Make copies of your change of name document(s) and arrange for them to be certified.**

#### **Certifying copies**

You must have someone certify the copies you send to us. The following people can be the certifier:

- an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous year of service with one or more licensees;
- an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
- a Justice of the Peace;
- a Notary public (for the purposes of the Statutory Declaration Regulations 1993);
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership;
- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
- a Judge of a court;
- a magistrate;
- a chief executive officer of a Commonwealth court;
- a registrar or deputy registrar of a court;
- a Police officer;
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).

#### **What should the person certifying write?**

I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document. [sign] [date]

#### **Not in English?**

Documents not in English must be accompanied by an English translation prepared by an accredited translator (visit [www.austrac.gov.au/englishtranslation\\_policy.html](http://www.austrac.gov.au/englishtranslation_policy.html) and [www.naati.com.au](http://www.naati.com.au) for more information).

### 3. Send your documents to us.

Before you submit your Change of Name Form, please check that you have:

- signed the Change of Name Form
- included the required change of name documents

Please post your **signed** Change of Name Form and **certified copies** of the relevant change of name document(s) to us.

Send by Post: Cor Capital Fund  
GPO BOX 804  
Melbourne VIC 3001

Scan and email to: corcapital\_transactions@unitregistry.com.au

### 1. Investor details

Account number

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Account name


### 2. Change of name

Please complete if you are changing the name of an individual or an individual trustee.

Title Full given names

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Surname

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Please supply the following supporting documents:

- a certified copy of driver's licence or current passport

And one of the following:

- a certified copy of Marriage Certificate
- a certified copy of Decree Absolute
- a certified copy of Change of Name Certificate

### 3. 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
- 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.

### Who needs to sign this form

**Individual** – where the investment is in one name, the account holder must sign.

**Joint Holding** – where the investment is in more than one name, all of the account holders must sign.

**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.

In consideration of amending the register you must agree to indemnify and forever keep indemnified us (including our directors, offices and employees) from and against all losses, claims, actions, proceedings, demands, costs and expenses which may be made or brought against us by reason of compliance with your request.

Old signature

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Please print full name

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Date (DD/MM/YYYY)

DD	/	MM	/	YYYY
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New signature

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Please print full name

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Date (DD/MM/YYYY)

DD	/	MM	/	YYYY
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