



# CHANGE OF DETAILS FORM

JANA ALTERNATIVES TRUST

APIR CHN2721AU

Channel Investment Management Limited ACN : 163 234 240 AFSL:439007

Please complete this form using **BLACK INK** and write clearly within the boxes in **CAPITAL LETTERS**.  
Complete sections where appropriate.

## Section 1. Investor Identification

Investor Reference Number

Full name(s) of Investor

Registered Address

Suburb

State

Postcode

## Section 2. Update Contact Details

New Residential Address

New Postal Address

State

Postcode

State

Postcode

Email address

Preferred Contact Number

## Section 3. Change of bank details

Account Name

Name of Australian Financial Institution

Branch name/Suburb/Town

BSB (Branch )

Account Number

Bank details can not be updated without receipt of a certified copy of a bank statement showing the above details. Please submit a certified copy with this form.

Cross this box to indicate a certified copy of a bank statement is **attached**.

## Section 4. Update distribution options

Please provide notice of a change of distribution option **at least 10 Business Days** prior to your requested date of change by using this form.

Cross this box to reinvest your distributions.

Cross this box to have your distributions deposited into your nominated bank account.

## Section 5. Change of Authorised Signatories

Cross this box and **attach** an updated list of Authorised Signatories.

## Section 6. Declaration and authorisation Note: This section must be signed for your instructions to be processed.

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our unitholding.

Investor 1

Name  Date  /  /

Director  Sole Director / Company Secretary

Trustee  Other

Investor 2

Name  Date  /  /

Director  Sole Director / Company Secretary

Trustee  Other

## Return form



If you have any questions in relation to this form, please call  
**CIML Client Services** on **1800 940 599**



Please complete this form and return to:  
**clientservices@ciml.com.au**



Post to:  
**CIML Client Services**  
GPO Box 206, Brisbane, QLD 4001