

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Complete sections where appropriate. Please contact Channel Client Services for any other changes applicable to your investment.

**Section 1. Investor Identification**

Investor Reference Number	Full Name(s) of Investor	
<input type="text"/>	<input type="text"/>	
Registered Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Section 2. Update Contact Details**

New Residential Address	New Postal Address		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
State	Postcode	State	Postcode
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Addresses	Preferred Contact Number		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		

**Section 3. Change of Name**

Change of name for other entities (e.g. Australian Companies, Associations, Australian regulated trusts, Foreign companies, Government bodies, Partnerships, Registered Co-operatives, Unregulated Australian trusts and foreign trusts).

Previous Name	New Name
<input type="text"/>	<input type="text"/>
Entity name	Account reference (as applicable)
<input type="text"/>	<input type="text"/>

Please provide a certified copy of the Certificate of Corporation and evidence of the name change, such as supplemental deed to constitution or trust deed.

**Section 4 . Update TFN/ABN Details**

TFN (Tax File Number)	ABN (Australian Business Number)
<input type="text"/>	<input type="text"/>

**Section 5a. Redemptions - 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 5b. Distributions - Change of bank details and distribution option**

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

Please specify how you would like any income distributions from the Trusts to be paid.

Distribution to be reinvested in the Trusts

Credit to my/our nominated account listed below.

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 5c. Rebates - Change of bank details and rebate reinvestment option**

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

Please specify how you would like any rebates from the Trusts to be paid.

Rebates to be reinvested in the Trusts

Credit to my/our nominated account listed below.

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 6. Change of Authorised Signatories**

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

**Section 7. Annual Financial Statements**

The Trust's Annual Financial Statements are accessible in a cost effective and environmentally friendly manner online at [www.jana.com.au](http://www.jana.com.au).

Please choose an option below if you would like to update how you receive a copy of the Annual Financial Statements:

I/We elect to receive Annual Financial Statements via: Email  or Printed copy

**Section 8. Declaration and authorisation. 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   /   /

Capacity (i.e. Individual/Trustee/Director/Secretary/Partner)

Investor 2

Name   /   /

Capacity (i.e. Individual/Trustee/Director/Secretary/Partner)

**Return form**



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



Please complete this form and return to:  
[clientservices@channelcapital.com.au](mailto:clientservices@channelcapital.com.au)



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