CHANGE OF ADVISER INFORMATION FORM





Cromwell Funds Management Limited ABN 63 114 782 777 AFSL 333214

If you wish to change your financial adviser or if your current adviser has changed their details, please complete this form. Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a

cross (X).

Section 1. Investor Identificat	tion			
These details can be found on the welcome letter which confirmed you initial investment in the fund.	Investor Reference Number	r		
ou mital investment in the luna.	Full name(s) of Registered	 Holding		
	Registered Address			
	Suburb		State	Postcode
Section 2. Change of Corporate	-			
Please enter the contact details of your new Corporate	Name of Adviser			
Representative or Adviser ncluding name, address, contact	Name of Dealer group			
phone number(s), email and fax.	Traine or Beater group			
	Name of Company			
	Address			
	Suburb		State	Postcode
	Telephone - daytime		Email	
Section 3. Declaration and aut			· .	
/We authorise you to act in accordar priority over all previous instructions			wledge that these ins	tructions supersede and have
SIGNATURE 1		SIGNATURE 2		
0.010.11				
Name		Name		
Date /	/	Date	/] /
Director Sole Director / Company Secretary		Director Company Secretary		
Trustee Other		Trustee	Other	
Section 4. Return form			_	
	Please complete this form an	nd return to:		
elation to this form, please	Email: invest@cromwell.		Fax: 07 3225 7788	

Services on 1300 268 078.

Post: Boardroom Pty Limited, GPO Box 3993, Sydney NSW 2001

A confirmation of your change of adviser details will be returned to you within 7 days of receipt of your request.