

# CROMWELL FUNDS MANAGEMENT (CFM) CHANGE OF ADVISER INFORMATION FORM



CROMWELL FUNDS MANAGEMENT LIMITED ABN 63 114 782 777 AFSL 333214 (CFM).

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.  
Mark appropriate answer boxes with a tick (✓).

## PART 1 INVESTOR DETAILS

<b>Investment Reference Number</b>	<b>Full name(s) of Registered Holding</b> (Example: "John Smith" or "John Smith ATF John R Smith Super Fund")
<input type="text"/>	<input type="text"/>

## PART 2 ADVISER DETAILS

Please enter the contact details of your new Corporate Representative or Adviser including name, address, contact phone number(s), email and fax.

Adviser given name	<input type="text"/>	Adviser surname	<input type="text"/>
Adviser company	<input type="text"/>	Adviser phone	<input type="text"/> - <input type="text"/>
Adviser email	<input type="text"/>		
Licensed Dealer	<input type="text"/>	Licence Number	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

## PART 3 DECLARATION AND AUTHORISATION

I/We request you to amend the registered address in your records to the above new address. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our unitholding.

<input type="text" value="SIGNATURE"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				

If a Company Officer or Trustee, please specify your title:  
 Director    Sole Director & Company Secretary    Trustee

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 Director    Sole Director & Company Secretary    Trustee

If you have any questions in relation to this form, please call Cromwell's Investor Services Team on 1300 268 078.



Return completed form to:  
**Email:** cromwell@boardroomlimited.com.au  
**Post:** Boardroom Pty Limited  
GPO Box 3993, Sydney NSW 2001