

Please ensure you complete all details below and post to: **PO Box 31, Ballina NSW 2478** or fax to **02 6686 6288**.

**Name of Investor(s)**

.....

.....

**Investor No.**

.....

Please note a change of instruction for payment of distribution on the above investment account as follows (tick):

- Please credit the amount of distribution to my/our account with the Fund for further investment
- Please pay the amount of distribution to my/our Bank account as follows:

**Name of Bank Account**

.....

**Name of Bank**

.....

**Branch**

.....

**Account No.**

.....

**Email Address**

.....

This instruction will remain in force until further written notice.

**Authorised Signature(s)**

Signature ..... Print name.....

Signature ..... Print name.....

Date .....

If you would like a copy of our Privacy Policy or want to access or amend your personal information, please contact our Privacy Officer on **02 6686 6055** or see our website **www.richmondinfo.com.au**