



Change of Distribution Preference

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.

.....

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.rmfund.com.au**